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U.S. Department of Transportation

National Highway Traffic Safety Administration

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### TRANSPORTATION RESEARCH CENTER

Indiana University

# ON-SITE AIR BAG FIRE INVESTIGATION

CASE NO. - 94-16
FLEET - PRIVATE VEHICLE
LOCATION - SELECTION, WISCONSIN
ACCIDENT DATE - 1994

**Submitted By:** 

Senior Staff Associate

1994

**Revised Submission:** 

1995

**Contract Number:** 



U.S. Department of Transportation National Highway Traffic Safety Administration National Center for Statistics and Analysis Washington, D.C. 20590

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

1. Report No.	2. Government Accession No.	3. Recipient's Catalog No.
TRC/IU Case No. 94-11		
4. Title and Subtitle		5. Resear Date 95
On-Site Air Bag Fire Investig Private Vehicle		6. Performing Organization Code
Location - Wiscon	nsin	8. Performing Organization Report No.
7. Author(s)		TRC/IU 94-16, Task 9411
9. Performing Organization Name and Add- Indiana University	• 6 8	10. Work Unit No. (TRAIS)
Transportation Research Cen	ter	11. Contract or Grant No. DTNH22-94-D-17058
- January Mariana	S. Carrier and C. Car	13. Type of Report and Period Covered
U.S. Department of Transport National Highway Traffic Saf		1994
National Center for Statistics Washington, D.C. 20590		14. Sponsoring Agency Code
15. Supplementary Motos		
On-site air bag deployment Plymouth Neon, 4-door sedar		loyment air bag fire involving a 1995 d dual front air bags
14. Abarrect		
<b>-</b>		eployment crash, and post-deployment
<b>O</b> ,	<b>▼</b>	86 Dodge Omni. The Neon was travel-
•	•	city roadway. The Omni was traveling
	· · · · · · · · · · · · · · · · · · ·	roadway. The front of the Neon (case
<b>─</b>		causing the case vehicle's driver and s) to deploy. The case vehicle rotated
		ideslapped vehicle #2 (right front), and
	<del>-</del>	oproximately 8.5 meters (~ 27.9 feet)
		dograce clockwise often impact side

air bag fire, that involved a 1995 Plymouth Neon and a 1986 Dodge Omni. The Neon was traveling south in the southbound lane of a two-lane, undivided, city roadway. The Omni was traveling east in the eastbound lane of a two-lane, undivided, city roadway. The front of the Neon (case vehicle) impacted the left front of the Omni (vehicle #2) causing the case vehicle's driver and right-front passenger side supplemental restraints (air bags) to deploy. The case vehicle rotated approximately 50 degrees counterclockwise after impact, sideslapped vehicle #2 (right front), and came to rest in the intersection heading east-southeast approximately 8.5 meters (~ 27.9 feet) from initial impact. Vehicle #2 rotated approximately 30 degrees clockwise after impact, sideslapped the case vehicle (left rear), and came to rest near the southeast corner of the intersection heading east approximately 10.5 meters (~ 34.4 feet) from initial impact. Both the case vehicle driver (33 year-old male) and right-front passenger (8 year-old male) were also restrained by the available, active, three-point lap and shoulder belts. According to the driver, he sustained abrasions to his wrists and distal forearms. The right-front passenger sustained, according to his father and medical records, abrasions to his face. Vehicle #2's driver (18 year-old female) and right-front passenger (12 year-old male) were both restrained by the available, active, three-point lap and shoulder belts. The case vehicle driver sustained, according to her interview and medical records, a cervical strain and lacerated left shin. The right-front passenger was not injured.

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# **TABLE OF CONTENTS**

Page No.
SUMMARY 1
CRASH SCHEMATIC 2
ACCIDENT DATA 3
AMBIENT CONDITIONS 3
ROADWAY 3
TRAFFIC CONTROLS
VEHICLES
VEHICLE DAMAGE 5
EXTERIOR
Deployment Impact 5
INTERIOR 7
REPAIR 7
VEHICLE VELOCITY ESTIMATES
COLLISION SEQUENCE 7
Pre-Crash
Crash
Post-Crash
Occupants
Police
Rescue
Removal
HUMAN FACTORS/OCCUPANT DATA 9
Driver
Right front Passenger
CASE VEHICLE DRIVER INJURIES
CASE VEHICLE PASSENGER INJURIES 10
VEHICLE #2 DRIVER INJURIES
VEHICLE #2 PASSENGER INJURIES 11
DRIVER KINEMATICS 11
PASSENGER KINEMATICS 12
AIR BAG SYSTEM 12
DISCUSSION
ACCIDENT COLLISION MEASUREMENT TABLE
VECTOR ANALYSIS RESULTS
CASE VEHICLE REPAIR ESTIMATES
Appendix A: Police Accident Report

# TABLE OF CONTENTS (CONTINUED)

	Page No.
Appendix B:	CRASHPC Program Results, SMASH Program Results, and
	EDCRASH Program Results
Appendix C:	NASS CDS Accident Form
Appendix D:	NASS CDS Vehicle Forms: Case Vehicle
	NASS CDS Vehicle Forms: Vehicle #2 47
	NASS CDS Interview Form: Case Vehicle Driver 61
	NASS CDS Interview Form: Vehicle #2 Driver 70
	NASS CDS Occupant Assessment Form: Case Vehicle
	Driver 79
Appendix I:	NASS CDS Occupant Injury Form: Case Vehicle Driver 84
	NASS CDS Occupant Assessment Form: Case Vehicle
	Passenger
Appendix K:	NASS CDS Occupant Injury Form: Case Vehicle Passenger 93
	NASS CDS Occupant Assessment Form: Vehicle #2 Driver 101
	NASS CDS Occupant Injury Form: Vehicle #2 Driver 106
	NASS CDS Occupant Assessment Form: Vehicle #2
	Passenger

TRC/IU CASE NO. 94-16

# FLEET - PRIVATE VEHICLE LOCATION WISCONSIN

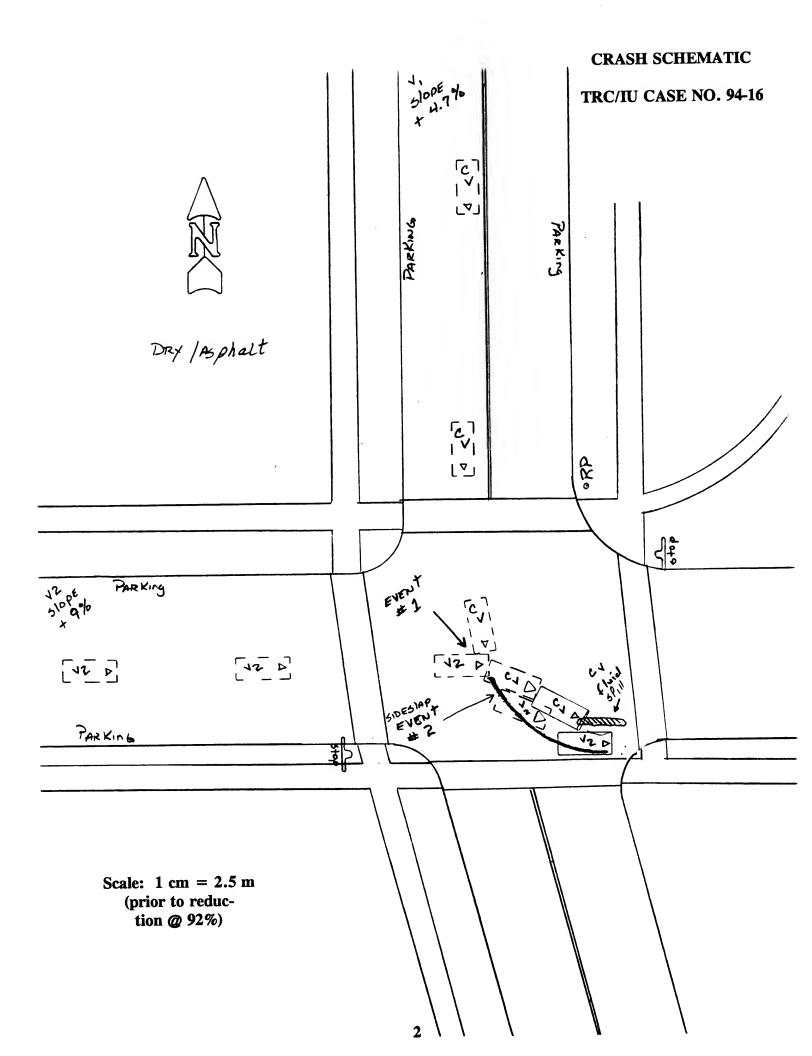
## **SUMMARY**

This report concerns a motor vehicle crash involving an air bag equipped 1995 Plymouth Neon, four-door sedan, and a 1986 Dodge Omni, five-door hatchback, occurring on the sedant 1994 at the p.m., in Wisconsin on a city street. This crash is of special interest because the 1995 Plymouth Neon's right-front passenger supplemental restraint (air bag) caught fire post-deployment.

The Neon was traveling south in the southbound lane of a two-lane, undivided, city roadway when it impacted the Omni which was traveling east in the eastbound lane of a two-lane, undivided, city roadway. The Neon rotated approximately 50 degrees counterclockwise after impact, sideslapped the Omni, and came to rest in the intersection heading east-southeast approximately 8.5 meters (~ 27.9) feet) from initial impact. The Omni rotated approximately 30 degrees clockwise after impact, sideslapped the Neon, and came to rest near the southeast corner of the intersection heading east approximately 10.5 meters (~ 34.4 feet) from initial impact.

The front of the Neon impacted the left front of the Omni. Subsequently, the right front of the Neon sideslapped the left rear of the Omni. The CDCs were determined to be: 01-FDEW-1 and 03-RYHW-1 for the Neon and 10-LYEW-2 and 09-LZEW-1 for the Omni. The CRASHPC reconstruction program, damage only algorithm, was used on the highest severity impact to the Neon. The Total, Longitudinal, and Lateral Delta Vs are respectively: 16 k.p.h. (10 m.p.h.), -14 k.p.h. (-8 m.p.h.), and -8 k.p.h. (-5 m.p.h).

The 1995 Plymouth Neon was equipped with both driver and right-front passenger supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver of the vehicle (33 year-old male) was also restrained by the available, active, three-point lap and shoulder belt. According to the driver, he sustained abrasions to his wrists and distal forearms. The right-front passenger (8 year-old male) in the Neon was also restrained by the available, active, three-point lap and shoulder belts. The right-front passenger sustained, according to his father and medical records, abrasions to his face. Both the driver and right-front passenger of the Neon were listed on the Police Accident Report as sustaining "C" (possible) injuries as a result of this crash. The driver (18 year-old female) and right-front passenger (12 year-old male) of the Omni were both restrained by the available, active, three-point lap and shoulder belts. The driver sustained, according to her interview and medical records, a cervical strain and lacerated left shin. According to the driver of the Omni, the right-front passenger was not injured. The driver of the Omni was listed on the Police Accident Report as sustaining a "C" (possible) injury; the right-front passenger was listed as not injured ("O").



TRC/IU CASE NO. 94-16

# FLEET - PRIVATE VEHICLE LOCATION - WISCONSIN

# **ACCIDENT DATA**

Location/Street: City Street

City/Township: Wisconsin

Area/Type: Urban, residential/recreational

Accident Date/Time: 1994, @ 19

Investigating Police Agency: Police Department

Accident Type: Car / Car - right angle

Occupant Injury Severity

(air bag vehicle): Facial Abrasions (AIS-1)

# **AMBIENT CONDITIONS**

Light Conditions: Daylight

Weather Condition: Clear

Precipitation: None

Road Surface: Dry

### **ROADWAY**

Vertical alignment:

	Case Vehicle	Vehicle #2
Location:	City street	City street
Number of Travel Lanes:	2-lanes, undivided	2-lanes, undivided
Width:	12.1 m (39.7 ft)	12.1 m (39.7 ft)
Surface Type:	Asphalt	Asphalt
Median:	None	None
Shoulders:	None, curbs and parking lanes on east and west sides	None, curbs and parking lanes on north and south sides

Straight on north leg

Straight

## ROADWAY (CONTINUED)

Case Vehicle <u>Vehicle #2</u>

Horizontal alignment: Grade, 4.7 % negative Grade, 9.0 % negative

to south to east

Estimated Coefficient of Friction: 0.60 (Estimated) 0.60 (Estimated)

Traffic Density: Unknown Unknown

TRAFFIC CONTROLS

Case Vehicle <u>Vehicle #2</u>

Signals: None None

Signs: None Regulatory sign: STOP

Markings: Double solid yellow None

center lines

Speed Limit: 40 k.p.h. (25 m.p.h.) 40 k.p.h. (25 m.p.h.)

**VEHICLES** 

<u>Case Vehicle #2</u>

Year: 1995 1986

Make: Plymouth Dodge

Model: Neon Omni

Body Type: 4-door sedan 5-door hatchback

V.I.N. 1P3ES47C5SD----- 1B3BZ48C9GD------

Color: Blue, dark Blue, light

Mileage: 7,942 km (4,935 miles) 150,245 km (93,358 miles)

Engine: 2.0 liters, in-line, 4 2.2 liters, transverse

cylinders mounted, 4 cylinders

Transmission: 5-speed manual 4-speed manual

Steering: Power-assisted, rack- Manual, worm and gear and-pinion

Brakes: Power-assisted, front Power-assisted, front

Brakes: Power-assisted, front ventilated disc, rear disc, rear drum

# VEHICLES (CONTINUED)

	Case Vehicle	Vehicle #2	
Padding:	Steering wheel and hub, sunvisors, dash, "A"-pillars, side door surfaces	Steering wheel, dash, sunvisors, A"-pillars, side door surfaces	
Active Restraints:	3-point, manual, lap and shoulder belts in front and rear outboard seating positions; lap belt only at rear center position	3-point, manual, lap and shoulder belts in front outboard seating positions; lap belt only at rear right, left, and center positions	
Passive Restraints:	Factory installed driver and right front passen- ger supplemental re- straint systems (air bags)	None	
Defects:	None	None	
Fleet:	Private vehicle	Private vehicle	
Tow status:	Towed due to damage	Towed due to damage	
VEHICLE DAMAGE			
EXTERIOR	Case Vehicle	Vehicle #2	
EXTERIOR  Deployment Impact	Case Vehicle	<u>Vehicle #2</u>	
	Case Vehicle One	Vehicle #2 One	
Deployment Impact			
Deployment Impact  Event number:  Object Struck:  Damage location  Damaged Plane:	One	One	
Deployment Impact  Event number:  Object Struck:  Damage location	One Vehicle #2 Front Bumper and above	One Case vehicle Left Between beltline and sill	
Deployment Impact  Event number:  Object Struck:  Damage location  Damaged Plane:  Vertical Location	One Vehicle #2 Front	One Case vehicle  Left  Between beltline and sill 3 centimeters rearward	
Deployment Impact  Event number:  Object Struck:  Damage location    Damaged Plane:    Vertical Location    On Plane:	One Vehicle #2 Front Bumper and above	One Case vehicle Left Between beltline and sill	
Deployment Impact  Event number:  Object Struck:  Damage location    Damaged Plane:    Vertical Location    On Plane:    Direct Begins:	One Vehicle #2  Front  Bumper and above At right bumper corner  110 cm ( 43.3 in) 138 cm ( 54.3 in)	One Case vehicle  Left  Between beltline and sill 3 centimeters rearward of left bumper corner 123 cm (48.4 in) 180 cm (70.9 in)	
Deployment Impact  Event number:  Object Struck:  Damage location    Damaged Plane:    Vertical Location    On Plane:    Direct Begins:  Length Direct:    Field L:    C <sub>1</sub> :	One Vehicle #2  Front  Bumper and above At right bumper corner  110 cm ( 43.3 in) 138 cm ( 54.3 in) 2 cm ( 0.8 in)	One Case vehicle  Left  Between beltline and sill 3 centimeters rearward of left bumper corner 123 cm (48.4 in) 180 cm (70.9 in) 0 cm (0.0 in)	
Deployment Impact  Event number:  Object Struck:  Damage location    Damaged Plane:    Vertical Location    On Plane:    Direct Begins:  Length Direct:    Field L:    C <sub>1</sub> :    C <sub>2</sub> :	One Vehicle #2  Front  Bumper and above At right bumper corner  110 cm ( 43.3 in) 138 cm ( 54.3 in) 2 cm ( 0.8 in) 1 cm ( 0.4 in)	One Case vehicle  Left  Between beltline and sill 3 centimeters rearward of left bumper corner 123 cm (48.4 in) 180 cm (70.9 in) 0 cm (0.0 in) 8 cm (3.1 in)	
Deployment Impact  Event number:  Object Struck:  Damage location    Damaged Plane:    Vertical Location    On Plane:    Direct Begins:  Length Direct:    Field L:    C <sub>1</sub> :    C <sub>2</sub> :	One Vehicle #2  Front  Bumper and above At right bumper corner  110 cm ( 43.3 in) 138 cm ( 54.3 in) 2 cm ( 0.8 in) 1 cm ( 0.4 in) 3 cm ( 1.2 in)	One Case vehicle  Left  Between beltline and sill 3 centimeters rearward of left bumper corner 123 cm (48.4 in) 180 cm (70.9 in) 0 cm (0.0 in) 8 cm (3.1 in) 22 cm (8.7 in)	
Deployment Impact  Event number:  Object Struck:  Damage location    Damaged Plane:    Vertical Location    On Plane:    Direct Begins:  Length Direct:    Field L:    C <sub>1</sub> :    C <sub>2</sub> :	One Vehicle #2  Front  Bumper and above At right bumper corner  110 cm ( 43.3 in) 138 cm ( 54.3 in) 2 cm ( 0.8 in) 1 cm ( 0.4 in) 3 cm ( 1.2 in) 4 cm ( 1.6 in)	Case vehicle  Left  Between beltline and sill 3 centimeters rearward of left bumper corner 123 cm (48.4 in) 180 cm (70.9 in) 0 cm (0.0 in) 8 cm (3.1 in) 22 cm (8.7 in) 10 cm (3.9 in)	
Deployment Impact  Event number:  Object Struck:  Damage location    Damaged Plane:    Vertical Location    On Plane:    Direct Begins:  Length Direct:    Field L:    C_1:    C_2:    C_3:    C_4:    C_5:	One Vehicle #2  Front  Bumper and above At right bumper corner  110 cm ( 43.3 in) 138 cm ( 54.3 in) 2 cm ( 0.8 in) 1 cm ( 0.4 in) 3 cm ( 1.2 in) 4 cm ( 1.6 in) 5 cm ( 2.0 in)	Case vehicle  Left  Between beltline and sill 3 centimeters rearward of left bumper corner 123 cm (48.4 in) 180 cm (70.9 in) 0 cm (0.0 in) 8 cm (3.1 in) 22 cm (8.7 in) 10 cm (3.9 in) 8 cm (3.1 in)	
Deployment Impact  Event number:  Object Struck:  Damage location    Damaged Plane:    Vertical Location    On Plane:    Direct Begins:  Length Direct:    Field L:    C <sub>1</sub> :    C <sub>2</sub> :	One Vehicle #2  Front  Bumper and above At right bumper corner  110 cm ( 43.3 in) 138 cm ( 54.3 in) 2 cm ( 0.8 in) 1 cm ( 0.4 in) 3 cm ( 1.2 in) 4 cm ( 1.6 in)	Case vehicle  Left  Between beltline and sill 3 centimeters rearward of left bumper corner 123 cm (48.4 in) 180 cm (70.9 in) 0 cm (0.0 in) 8 cm (3.1 in) 22 cm (8.7 in) 10 cm (3.9 in)	

# VEHICLE DAMAGE (CONTINUED)

EXTERIOR (Continued)	Case Vehicle	Vehicle #2
Deployment Impact (Continued)		
Location:	C <sub>6</sub>	C <sub>3</sub>
CDC:	01-FDEW-1	10-LYEW-2
Damaged Components:	Bumper, grille, hood, right and left front head light and turn signal assemblies	Left front: fender, wheel assembly, and door; and windshield
Nondeployment Impact		
Event number:	Two	Two
Object Struck:	Vehicle #2	Case vehicle
Damage location Damaged Plane: Vertical Location	Right	Left
On Plane:	Between right outside rearview mirror to mid-door level	Mid-door level; between beltline and sill
Direct Begins:	22 centimeters rearward of right front axle; 12 centimeters forward of right front axle	5 centimeters forward of left rear axle
Length Direct:	75 cm ( 29.5 in) 16 cm ( 6.3 in)	63 cm ( 24.8 in)
Field L:	77 cm ( 30.3 in) 26 cm ( 10.2 in)	63 cm ( 24.8 in)
C <sub>1</sub> :	Not applicable Not applicable	Not applicable Not applicable
C <sub>2</sub> :	Not applicable	Not applicable
C <sub>3</sub> :	Not applicable	Not applicable
C₄:	Not applicable	Not applicable
C₅:	Not applicable	Not applicable
D: Ce:	Unknown	Unknown
Maximum Crush:	2 cm ( 0.8 in)	2 cm ( 0.8 in)
Location:	Right front fender	Left rear wheel well
Location.	THEM II OM TOMOU	flange
CDC:	03-RYHW-1	09-LZEW-1
Damaged Components:	Right front fender and door and right outside rearview mirror	Left rear quarter panel

### VEHICLE DAMAGE (CONTINUED)

Case Vehicle Vehicle #2 **INTERIOR** 

Left dash, kickpanel, Steering wheel air bag **Damaged Components:** and "A"-pillar from module and right dash

> intrusion from air bag

Other Evidence of

Crack left dash **Occupant Contact:** None

Manual Restraint

**System Failures:** None None

**Seat Performance** 

Bent toward left None Failures:

REPAIR

\$7,375.74 {repair esti-Totalled,  $\sim$  \$1,150 **Cost Estimate:** {current retail value}

mate}

VEHICLE VELOCITY ESTIMATES

Vehicle #2 Highest Delta "V" Case Vehicle

CRASH3PC, SMASH, CRASH3PC, SMASH, **Reconstruction Program:** 

and EDCRASH and EDCRASH

**Damage Program Algorithm:** Damage only

24 k.p.h. ( 15 m.p.h.) 48 k.p.h. ( 30 m.p.h.) **Travel Speed:** 

17 k.p.h. ( 10 m.p.h.) 16 k.p.h. ( 10 m.p.h.) Total Delta "V":

-14 k.p.h. ( -8 m.p.h.) -6 k.p.h. ( -4 m.p.h.) Longitudinal Delta "V":

-8 k.p.h. ( -5 m.p.h.) 16 k.p.h. ( 10 m.p.h.) Lateral Delta "V":

### **COLLISION SEQUENCE**

**Pre-Crash:** 

The case vehicle (Neon) was traveling south in the southbound lane of a two-lane, undivided, city street and was attempting to continue in a southsoutheast direction of travel. Vehicle #2 (Omni) which was traveling east in the eastbound lane of a two-lane, undivided, city street and was attempting to continue its eastward direction of travel. According to the driver of the case vehicle, he had no time to made any pre-crash avoidance maneuvers\*.

<sup>\*</sup> According to the driver of vehicle #2, the case vehicle left 2.4 meters (8 feet) of pre-impact skid marks. The Police Accident Report makes no mention of pre-impact activity, and no evidence of pre-impact braking was found during the scene inspection.

# COLLISION SEQUENCE (CONTINUED)

Pre-Crash: (Continued)

The case vehicle continued straight ahead in its south-southeast direction of travel prior to impact. The driver of vehicle #2 made no pre-crash avoidance maneuvers. Vehicle #2 continued straight ahead prior to impact. The accident occurred in the four-leg cross intersection of the two roadways.

Crash:

According to both the scene and vehicle inspections and the Police Accident Report, the front of the case vehicle impacted the left front of vehicle #2 causing both the driver and right-front passenger side supplemental restraint systems (air bags) to deploy. Subsequently, according to the vehicle inspections, the right front of the case vehicle sideslapped the left rear of vehicle #2. According to the scene inspection and the Police Accident Report, the case vehicle rotated approximately 50 degrees counterclockwise after the initial impact and came to rest in the intersection heading east-southeast approximately 8.5 meters (~ 27.9) feet) from initial impact. Vehicle #2 rotated approximately 30 degrees clockwise after the initial impact. Next, vehicle #2 sideslapped the case vehicle and rotated counterclockwise approximately 30 degrees while moving east-southeast toward rest near the southeast corner of the intersection. Vehicle #2 came to rest heading east approximately 10.5 meters (~ 34.4 feet) from initial impact.

#### **Post-Crash:**

Occupants:

According to the case vehicle driver, he remained inside the vehicle at final rest. He was conscious and was able to exit the case vehicle. The right-front passenger also remained inside the vehicle at final rest. He was conscious and was assisted by his father to exit the case vehicle after the father was told by someone at the scene that the right-front passenger air bag was smoldering. The case vehicle was equipped with both driver and right-front passenger supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver and right-front passenger of the case vehicle were also restrained by the available, active, three-point lap and shoulder belts. According to the driver of vehicle #2, the driver and right-front passenger were both restrained by the available, active, three-point lap and shoulder belts.

Police:

The investigating police agency was notified of the accident within one minute and arrived on-scene within seven minutes. Traffic control procedures were established and fire and towing services were called to assist. The fire department was called because the case vehicle's right-front air bag was smoldering causing smoke in the passenger compartment.

Rescue:

According to the case vehicle driver and Police Accident Report, he was not transported and did not require medical treatment. He sustained abrasions to his wrists and distal forearms. According to the driver and the Police Accident Report, the right front passenger was not transported;

# COLLISION SEQUENCE (CONTINUED)

Post-Crash: Rescue: (Continued)

however, according to the driver and his medical records, he did receive medical treatment later at a hospital and from the family's physician and sustained abrasions to his face. According to the driver of vehicle #2 and Police Accident Report, neither occupant was transported; although, the driver of vehicle #2 did require subsequent medical treatment. The driver sustained, according to her interview and medical records, a cervical strain and lacerated left shin. According to the driver of vehicle #2, the right-front passenger was not injured.

Removal:

Following the police investigation, the case vehicle and vehicle #2 were towed from the scene.

### **HUMAN FACTORS/OCCUPANT DATA**

	Case Vehicle	Vehicle #2
<u>Driver</u> :	33 year-old male	18 year-old female
Height:	173 cm (68 in)	152 cm (60 in)
Weight:	73 kg (160 lbs)	50 kg (110 lbs)
Occupation:	Unknown	College student
Active Restraint System/Usage:	3-point lap and shoul- der/Used	3-point lap and shoul- der/Used
Usage Source:	Vehicle inspection, In- terviewee, Police Acci- dent Report	Vehicle inspection, In- terviewee, Police Acci- dent Report
Eye glasses/contacts:	None	None
Vehicle Familiarity:	Less than three months; less than 5,000 miles	Very familiar
Route Familiarity:	Unknown	Unknown
Trip Plan:	Running an errand and taking a child to a sports class	Home to medical clinic
Manner of Leaving Scene:	Private automobile	Unknown
Type of Medical Treatment:	None	Treatment later

# HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

	Case Vehicle	Vehicle #2
Right front Passenger:	8 year-old male	12 year-old male
Height:	130 cm (51 in)	145 cm (57 in)
Weight:	26 kg (58 lbs)	41 kg (90 lbs)
Active Restraint System/Usage:	3-point lap and shoul- der/Used	3-point lap and shoul- der/Used
Usage Source:	Vehicle inspection, In- terviewee, Police Acci- dent Report	Vehicle inspection, In- terviewee, Police Acci- dent Report
Eye glasses/contacts:	None	None
Manner of Leaving Scene:	Private automobile	Unknown
Type of Medical Treatment:	Treated and released with follow-up treatment later	None

# **CASE VEHICLE DRIVER INJURIES**

<b>Description of Injury</b>	<u>A.I.S.</u>	Source of Data	Injury <u>Mechanism</u>	<u>Certainty</u>
Abrasions, right and left medial wrists/distal forearms	790202.1,3	7	Air bag	{Certain}

# **CASE VEHICLE PASSENGER INJURIES**

Description of Injury	<u>A.I.S.</u>	Source of Data	Injury <u>Mechanism</u>	<u>Certainty</u>
Abrasions face: nose, forehead, right and left zygomatic arches	290202.1,0	3	Air bag	{Certain}

## **VEHICLE #2 DRIVER INJURIES**

Description of Injury	<b>A.I.S.</b>	Source of Data	Injury <u>Mechanism</u>	<u>Certainty</u>
Cervical strain	640278.1,6	3	Noncontact injury (i.e., differential deceleration)	{Probable}
Laceration left shin	890602.1,2	7	Left dash panel	{Certain}

## **VEHICLE #2 PASSENGER INJURIES**

Description of Injury	<b>A.I.S.</b>	Source of Data	Injury <u>Mechanism</u>	<u>Certainty</u>
Not injured		7,9	Not applicable	N/A

### DRIVER KINEMATICS

According to the case vehicle driver, he was seated upright with his: back straight against the seatback, right foot on the gas pedal, left on the toepan, and hands on the steering wheel. The case vehicle driver and Police Accident Report both indicated that he was wearing his available, active, three-point lap and shoulder belt immediately prior to impact. Prior to the collision, the case vehicle driver was traversing a downgrade  $(\sim -4.7\%)$  and was in the process of steering approximately 10 degrees to the southeast. According to the driver, there was not enough time to take any evasive action.

At and following impact, the case vehicle driver does not recall how he moved inside the vehicle. According to the principles of occupant kinematics, combined with the ten degree steering manuever, the driver most likely moved forward and to his right while the air bag deployed. This movement may explain how he sustained abrasions to his wrist and forearms but not his face. The driver's forward movement was most likely minimal since the decelerative forces at impact would have caused the active, three-point belts to lock-up and minimized the driver's facial contact with the air bag.

After the initial impact, the case vehicle sideslapped its right side to vehicle #2's left side. The sideslap impact most likely would have forced the case vehicle driver more toward his right followed by rebounding back to his left as the driver's seat belts limited his movement.

As the case vehicle slid to rest and the driver's air bag was deflating, the driver most likely moved forward again loading the torso portion of his seat belt. At final rest the driver was most likely close to his original pre-crash seating position.

### PASSENGER KINEMATICS

Just prior to the crash, according to the case vehicle driver, his son, the right-front passenger was sitting in the middle of his seat leaning forward playing with some toys. The case vehicle driver and Police Accident Report both indicated that the right-front passenger was wearing his available, active, three-point lap and shoulder belt immediately prior to impact. The boys "leaning-forward" posture most likely accounts for his facial abrasions.

At impact the boy most likely moved forward and to his right where his movement was halted by the deploying right-front air bag. This movement is consistent with the child's subsequent medical records which described the residual injuries (i.e., 22 days post-crash) as mostly on the nose and left side of his face. Following the air bag's deployment and the subsequent counterclockwise rotation, the right-front passenger most likely moved backwards and to the right where his rightward movement was somewhat accelerated by the sideslap impact. During the subsequent sideslap impact, the right-front passenger's rightward movement was most likely restricted by his seat belts and the right-front door's interior surface.

At final rest the driver indicated that his son was leaning back in his seat crying.

AIR BAG SYSTEM	<b>DRIVER AIR BAG</b>	PASSENGER AIR BAG
Airbag Diameter (seam-to-seam, deflated):	48 cm (18.9 in)	64 cm (25.2 in)
Number of Vent Holes:	One	One
Vent Hole Diameter:	2.5 cm (1.0 in)	4.5 cm (1.8 in)
Vent Hole Clock Positions:	Twelve o'clock	Twelve o'clock
Generant Residue:	No unusual amount found	No unusual amount found

### **DISCUSSION**

Concerning the post-deployment air bag fire, it must be noted that at no time was there any flame (fire) observed. The extreme heat from the exhaust cannister caused the surrounding air bag material to subsequently melt causing the excessive smoke reported by both drivers and fire personnel. No evidence of flame (fire) damage was found near the air bag, windshield, or dashboard areas during this contractor's vehicle inspection.

# ACCIDENT COLLISION MEASUREMENT TABLE



U.S. Department of Transportation National Highway Traffic Safety

# ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Case Number-Stratum 94 Primary Sampling Unit Number \_ / O **ACCIDENT COLLISION DIAGRAM** LEVEL I LEVEL II (Cont'd) **CRASH DATA** PHYSICAL EVIDENCE ABSENT physical evidence is present: VEH. #1 VEH. #2 VEH. #3 To be accomplished when there is no document reference point end reference physical evidence present at the scene: line relative to physical features present Heading Angle at the scene \* approximate vehicle orientation et impect end finel rest scaled documentation of all eccident induced physical evidence \* applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median scaled documentation of all roadside markings, pavement markings, etc.) objects contacted Surface applicable traffic controls (e.g., speed roadway surface type and condition of Condition limit) applicable roadways \* north arrow pleced on diagrem Grade (v/h) grade measurements for all applicable roadways and at location of rollover Measurement sketch required initiation (between impact end finel rest) scaled representations of the vehicle(s) at LEVEL II pre-impact, impact, and final rest based PHYSICAL EVIDENCE PRESENT upon either: Grade (v/h) Measurement in addition to the level I tasks noted above, a) physical evidence, or lat location of the following must be accomplished when rollover initiation) b) reconstructed accident dynamics Reference Point: FIRE Hydrant South EDGE Reference line: NE CORNER Distance and Direction Distance and Direction from Reference Point from Reference Line 7.1 W Scul + Debeil

ltem	Distance and Direction from Reference Point from Reference Line
	5/0PE 53Her 1 N
5°	X 48
	0°11
3.3	2
5/0 PE + 412° 11'hcm] 90'E → 12.1m	5.8
	Mannage Comment
3.2	3457 33
	2.)

# **VECTOR ANALYSIS RESULTS**

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum Case Number: 10 9416

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)
(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero) (Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total (	1162	1094		
Estimated Speed	48 (30	) 16	(10)	
Momentum	55776	17504		
PDOF (Degrees)	18	-84	/91	STM
PDOF (Clock Direction)	1	9		
Theoretical Delta V	23.0	24.4		
Theoretical Common Vel.	27		rash CG Heading	152

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum Case Number: 10 9416

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)
(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero) (Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094		
Estimated Speed	48 (30)	24 ( <i>15</i> )		
Momentum	55776	26256		
PDOF (Degrees)	27	-75	/91	STM
PDOF (Clock Direction)	1	10		
Theoretical Delta V	23.8	25.2	•	
Theoretical Common Vel.	29.		CG Heading	145

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum Case Number: 10 9416

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)
(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero) (Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094		
Estimated Speed	48 (3	o) 32	(20)	
Momentum	55776	35008	*	
PDOF (Degrees)	35	-67	/91	STM
PDOF (Clock Direction)	1	10		
Theoretical Delta V	25.1	26.7		
Theoretical Common Vel.	3	1.8 Post-Ci	rash CG Heading	139

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum Case Number: 10 9416

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)
(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero) (Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90		
CRASH 3 Slip Angle	0	0 -		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094	•	
Estimated Speed	48 (30)	) 40 (25	5)	
Momentum	55776	43760		
PDOF (Degrees)	43	-59	/91	STM
PDOF (Clock Direction)	1	10		
Theoretical Delta V	27.0	28.7		
Theoretical Common Vel.	34.	.5 Post-Crash	CG Heading	135

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum Case Number: TRC/IU 94-16

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)
(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero) (Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094		
Estimated Speed		(35) 16	(10)	
Momentum	65072	17504		
PDOF (Degrees)	16	-86	/91	STM
PDOF (Clock Direction)	1	9		
Theoretical Delta V	26.6	28.3		
Theoretical Common Vel.		31.4 Post-C	rash CG Heading	154

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum Case Number: TRC/IU 94-16

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)
(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero) (Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168 ·	90		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094		
Estimated Speed	56 (3	SS) 24	(15)	
Momentum	65072	26256		
PDOF (Degree	23	-79	<b>791</b>	STM
PDOF (Clock Direction)	1	9		
Theorètical Delta V	27.2	28.9		
Theoretical Common Vel.	3:	3.3 Post-C	rash CG Heading	148

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum Case Number: TRC/IU 94-16

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)
(Neither Vehicle May Be Backing)
(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094	•	
Estimated Speed		35) 32	(هد)	
Momentum	65072	35008		
PDOF (Degrees)	31	-71	/91	STM
PDOF (Clock Direction)	1	10	V. J. L. C.	
Theoretical Delta V	28.3	30.1		
Theoretical Common Vel.	3!	5.5 Post-Cr	ash CG Heading	143

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum Case Number: TRC/IU 94-16

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated) (Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero) (Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)		
Ln. Axis Heading Angle	168	90		
CG Heading Angle	168	90-		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	11	0		
Weight-Vehicle Curb Wt	1052	1003		
Weight-Passenger(s)	99	91		
Weight-Total	1162	1094		
Estimated Speed	56 C	3 <b>5</b> ) 40	(25)	
Momentum	65072	43760	,	
PDOF (Degrees)	37	-65	/91	STM
PDOF (Clock Direction)	1	10	The state of the s	
Theorètical Delta V	29.9	31.8		
Theoretical Common Vel.	3	8.0 Post-Cr	ash CG Heading	138

# CASE VEHICLE REPAIR ESTIMATES

CD LOG NO

DATE 94
INSP DATE 94

#### SHOP CONTACT:

OWNER
ADDRESS
CITY STATE
ZIP

HOME PHONE WORK PHONE

CORRECTION

LIC#
BODY COLOR BLACK
CONDITION EXCL

VIN 1P3ES4735SD MILEAGE 4935 ACCT'NG CTL#

E=NEW PART EC=ECONOMY PART EU=SALVAGE PART
I=REPAIR/ALIGN/SUBLET L=REFINISH
TE=PART/PARTIAL REPLACE
AA=APPEARANCE ALLOWANCE RP=RELATED PRIOR DAMAGE

EP=SEE PX REPORT P=CHECK
N=ADDITIONAL LABOR OPERATION
IT=LABOR/PARTIAL REPAIR
UP=UNRELATED PRIOR DAMAGE

1995 PLYMOUTH NEON 4 DR SEDAN

OPTNS

OPTIONS: TINTED GLASS RIGHT REMOTE CONTROL MIRROR HEATED BACK GLASS AIR CONDITIONING

OP	GDE	MC	DESCRIPTION		MFG. PART NO.	PRICE	%LA	HOURS R
E	006		COVER, FRONT BUMPER		EF08PD7	205.00		1.6 1 2.0 4
L	006		COVER, FRONT BUMPER		REFINISH 5288003	66.50		2.0 4
E	011 014		REINF, FRT BMPR COVER RET, FRT BUMPER COVER		5263818	.85		ī
E	014		RET, FRT BUMPER COVER		5263818	.85		ī
E E	019				5263821	3.35		ī
E E E	020		RET, FRT BUMPER COVER			3.35		ī
Ē	010	0.1	BRKT, FRONT LIC PLATE	•••	HV39PD7	15.50		.2 1
Ē	021	0 -	ABSORBER, FRONT BUMPER		5263904	40.50		1
Ē	028		GRILLE ASSEMBLY		4741499	11.25		.3 1
L	028		GRILLE ASSEMBLY		REFINISH			.3 4
Ē	041		HEADLAMP ASSY, HALOGEN	LT	4761449	142.00		.2 1
E	042		HEADLAMP ASSY, HALOGEN	RT	4761448	142.00		.2 1
N	973		HEADLAMPS AIM		ADDTL LABOR			.5 1
E	056		SEAL, HEADLAMP	LT	5263877	6.95		1
E	057		SEAL, HEADLAMP		5263876	6.95		1
E	048		PARKLAMP ASSEMBLY		4762329	46.25		.1 1
E	049		PARKLAMP ASSEMBLY	RT	4762328	46.25		.1 1
E	083		PANEL, HOOD		4740730	210.00		1.0 1
L	083		PANEL, HOOD		REFINISH	11 85		4.0 4
E	092	01	EMBLEM, HOOD PANEL		KS75PPW	11.75		.2 1
E	089		SUPT, HOOD LOCK VERT		4655474	28.75		1
E	084		HINGE, HOOD PANEL	LT	5255565	7.50		1

L 084 HINGE, HOOD PANEL RT REFINISH .3 4 L 085 HINGE, HOOD PANEL RT \$255564 7.50 1 L 085 HINGE, HOOD PANEL RT \$255564 7.50 6.3 1 L 069 PANEL, RADIATOR SIDE LT REFINISH .5 6.3 1 L 069 PANEL, RADIATOR SIDE LT REFINISH .5 6.3 1 L 069 PANEL, RADIATOR SIDE LT REFINISH .5 6.3 1 L 070 PANEL, RADIATOR SIDE RT REFINISH .5 6.3 1 L 070 PANEL, RADIATOR SIDE RT REFINISH .5 6.3 1 L 070 PANEL, RADIATOR SIDE RT REFINISH .5 6.3 1 L 070 PANEL, RADIATOR SIDE RT REFINISH .5 6.1 1 L 070 C CRSMBR, RAD PANEL UPR REFINISH .5 6.1 1 L 071 C CRSMBR, RAD PANEL UPR REFINISH .5 6.1 1 L 072 C CRSMBR, RAD PANEL UPR REFINISH .5 6.1 1 L 073 C SUPT, RADIATOR SD PANEL LT REFINISH .5 6.1 1 L 074 C SUPT, RADIATOR SD PANEL RT REFINISH .5 6.1 1 L 075 SUPT, RADIATOR SD PANEL RT REFINISH .5 6.1 1 L 076 SUPT, RADIATOR SD PANEL RT REFINISH .5 6.1 1 L 077 SUPT, RADIATOR SD PANEL RT REFINISH .5 6.1 1 L 078 SUPT, RADIATOR SD PANEL RT REFINISH .5 6.1 1 L 079 SUPT, RADIATOR SD PANEL RT REFINISH .5 6.1 1 L 070 SUPT, RADIATOR SD PANEL RT REFINISH .5 6.1 1 L 071 SENSOR, AIR BAG RT 5266291 .6 2.50 2 E 081 SENSOR, AIR BAG RT 5266291 .6 2.50 2 E 731 CONDENSER, A/C 4740109 .3 20.00 2 E 731 CONDENSER, A/C 4740109 .3 20.00 2 E 731 CONDENSER, A/C 4740109 .3 20.00 2 E 731 CONDENSER, A/C 4740109 .5 20.1 1 L 103 FENDER, FRONT LT REFINISH .5 2.4 4 E 104 FENDER, FRONT LT REFINISH .5 2.4 4 E 105 SENSOR, AIR BAG RT 5266291 .6 2.50 2 E 731 CONDENSER, A/C 4740109 .5 20.1 1 L 104 FENDER, FRONT RT REFINISH .5 2.4 4 E 105 SENSOR, AIR BAG RT 5266291 .6 2.50 2 E 731 CONDENSER, A/C 4740109 .5 20.0 1 E 731 CONDENSER, A/C 5 20.0 1 E						DESTRICT		2 4
L 085 HINGE HOOD PANEL RT REFINISH	L	084						.3 4
E 069 07 PAMEL RADIATOR SIDE LT 4655215 12.50 6.3 1 E 070 07 PAMEL RADIATOR SIDE CT REFINISH .54 E 070 07 PAMEL RADIATOR SIDE CT REFINISH .54 E 070 07 PAMEL RADIATOR SIDE CT REFINISH .34 1 E 075 07 CRSMBR, RAD PANEL UPR REFINISH .34 1 E 075 07 CRSMBR, RAD PANEL UPR REFINISH .24 1 E 079 07 CRSMBR, RAD PANEL UPR REFINISH .24 1 E 079 07 CRSMBR, RAD PANEL UPR REFINISH .24 1 E 096 07 SUDT, RADIATOR SD PANEL LT REFINISH .24 1 E 096 07 SUDT, RADIATOR SD PANEL LT REFINISH .24 1 E 097 07 SUDT, RADIATOR SD PANEL LT REFINISH .24 1 E 097 07 SUDT, RADIATOR SD PANEL LT REFINISH .24 1 E 097 07 SUDT, RADIATOR SD PANEL RT REFINISH .24 1 E 097 08 SUDT, RADIATOR SD PANEL RT REFINISH .24 1 E 097 097 097 SUDT, RADIATOR SD PANEL RT REFINISH .24 1 E 098 098 2 SENSOR, AIR BAG LT 5266291 .62 50 2 E 081 2 SENSOR, AIR BAG LT 5266291 .62 50 2 E 082 2 SENSOR, AIR BAG LT 5266291 .62 50 2 E 081 2 SENSOR, AIR BAG LT 5266291 .62 50 2 E 103 FENDER, FRONT LT 4741217 .15 0.00 2.0 1 E 104 FENDER, FRONT LT 4741217 .15 0.00 2.0 1 E 105 FENDER, FRONT LT REFINISH .24 4 E 104 FENDER, FRONT LT REFINISH .24 4 E 105 SENSOR, AIR BAG .25 66291 .25 6.2 50 E 098 2 SENSOR, AIR BAG .24 4 E 104 FENDER, FRONT LT REFINISH .24 4 E 105 FENDER, FRONT LT REFINISH .24 4 E 106 FENDER, FRONT LT REFINISH .24 4 E 107 SWITT, INNER FENDER LT 525551 .11 50 00 2.0 1 E 820 01 MIDG, FENDER SIDE RR REF20PD7 .7 60 .2 1 E 529 01 MIDG, FENDER SIDE RR REF20PD7 .7 60 .2 1 E 798 BRRT, ENG MOUNT FRONT .4668156 .32 25 .2 2 E 798 BRRT, ENG MOUNT FRONT .4668156 .32 25 .2 2 E 798 BRRT, ENG MOUNT FRONT .4668156 .32 25 .2 2 E 798 BRRT, ENG MOUNT FRONT .4668156 .32 25 .2 2 E 798 BRRT, ENG MOUNT FRONT .4668156 .32 25 .2 2 E 798 BRRT, ENG MOUNT FRONT .4668156 .32 25 .2 2 E 798 BRRT, ENG MOUNT FRONT .4668156 .32 25 .2 2 E 798 BRRT, ENG MOUNT FRONT .4668156 .32 25 .2 2 E 798 BRRT, ENG MOUNT FRONT .4668156 .32 25 .2 2 E 799 DOOR SHELL, FRONT .17 REFINISH .4668156 .32 25 .2 2 E 798 BRRT,	E	085					7.50	
L 069 PANEL, RADIATOR SIDE LT REFINISH  E 070 07 PANEL, RADIATOR SIDE RT 4655214 16.75 3.4 1  L 070 PANEL, RADIATOR SIDE RT REFINISH 34 16.75 3.4 1  E 075 07 CRSMER, RAD PANEL UPR 4655390 48.75 1.4 1  L 075 07 CRSMER, RAD PANEL UPR REFINISH 24  E 079 07 CRSMER, RAD PANEL UPR REFINISH 24  E 096 07 SUPT, RADIATOR SD PANEL LT REFINISH 22 4  E 096 07 SUPT, RADIATOR SD PANEL LT REFINISH 22 4  E 097 07 SUPT, RADIATOR SD PANEL LT REFINISH 22 4  E 097 07 SUPT, RADIATOR SD PANEL RT 4655521 17.25 6.6 1  L 097 07 SUPT, RADIATOR SD PANEL RT REFINISH 22 4  E 097 07 SUPT, RADIATOR SD PANEL RT REFINISH 22 4  E 0981 SUPT, RADIATOR SD PANEL RT REFINISH 22 4  E 758 01 SHOULD, RADIATOR 4740097 280.00 1  E 081 SENSOR, AIR BAG LT 5266291 62.50 2  E 081 SENSOR, AIR BAG RT 5266291 62.50 2  E 731 CONDENSER, A/C 4740109 320.00 2  E 103 FENDER, FRONT LT REFINISH 24 4  E 104 FENDER, FRONT LT REFINISH 24 4  E 104 FENDER, FRONT LT REFINISH 24 4  E 104 FENDER, FRONT LT REFINISH 24 4  E 105 SUPT RADIATOR RT 4741217 150.00 2.0 1  L 103 FENDER, FRONT LT REFINISH 24 4  E 529 01 MLDG, FENDER SIDE R/R FK20PD7 7.60 .2 1  E 107 SKIRT, INNER FENDER LT 5255551 11.50 1  E 782 MOUNT, ENGINE RT 4668124 28.75 .2 2  E 798 BRKT, ENGINE MAGE ADDIT LABOR 32.25 .2 2  E 798 BRKT, ENGINE RT 4668156 32.2 5. 2  E 799 BRKT, ENGINE RT 4668156 32.2 5. 2 2  E 799 BRKT, ENGINE MAGE ADDIT LABOR 32.00 .2 2  E 799 BRKT, ENGINE MOUNT RT 4668156 32.2 5. 2 2  E 799 BRKT, ENGINE MOUNT FRONT SE64559 14.75 .1 1  E 869 01 MODULE, ARIR BAG EP92PP8 420.00 .2 2  E 798 BRKT, ENGINE RIB BAG EP92PP8 420.00 .2 2  E 799 BRKT, ENGINE RIB BAG EP92PP8 420.00 .2 2  E 700 SHELL, FRONT RT TREFINISH .5*1  E 000 SHELL, FRONT RT REFINISH .5*1  L 208 DOOR SHELL, FRONT RT REFINISH .5*1  E 000 SHELL, FRONT RT REFINISH .3.00 .3 2  E 000 SHELL, FRONT RT REFINISH .3.00 .3 2  E 000 SHELL, FRONT RT REFINISH .3.00 .3 2  E 000 SHELL, FRONT RT REFINISH .3.00 .3 2  E 000 SHELL, FRONT RT REFINISH .3.00 .3 2  E 000 SHELL, FRONT RT REFINISH .3.00 .3 2  E 000 SHELL, FRONT RT REFINISH .3.00 .3 2  E 000 SHELL, F	L	085		HINGE, HOOD PANEL	RT	REFINISH		
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E BATTERY CABLES NEW PART 53.00* 3.0*2*		_		STEERING WHEEL BACKING		NEW PART		
	E			BATTERY CABLES		NEW PART	53.00*	3.0*2*

### 72 ITEMS

### MC MESSAGE

01 CALL DEALER FOR EXACT PART # REQUIRED 07 STRUCTURAL PART AS IDENTIFIED BY I-CAR

FINAL CALCULATIONS & ENTRIES			
GROSS PARTS	•		4,161.15
OTHER PARTS			47.00
PAINT MATERIAL			356.40
PARTS TOTAL			4,564.55
TAX ON PARTS & MATERIAL	a	5.000%	228.23

LABOR	RATE	REPLACE HRS	S REPAIR H	RS
1-SHEET METAL	36.00	28.1	1.0	1,047.60
2-MECH/ELEC	38.00	5.3	1.8	269.80
3-FRAME	38.00		8.0	304.00
4-REFINISH	36.00	19.8		712.80
5-PAINT MATERIAL	18.00			
LABOR TOTAL				2,334.20
TAX ON LABOR			<b>§</b> 5.000%	116.71
SUBLET REPAIRS				132.05
TOWING				
STORAGE				
GROSS TOTAL				7,375.74
NET TOTAL				7,375.74
ADP SHOPLINK U ES LO	OG 000034	7 DATE	94 11:34:2	7 R3.1 CD (94
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COPYRIGHT 1994, AUTOMATIC DATA PROCESSING, INC.

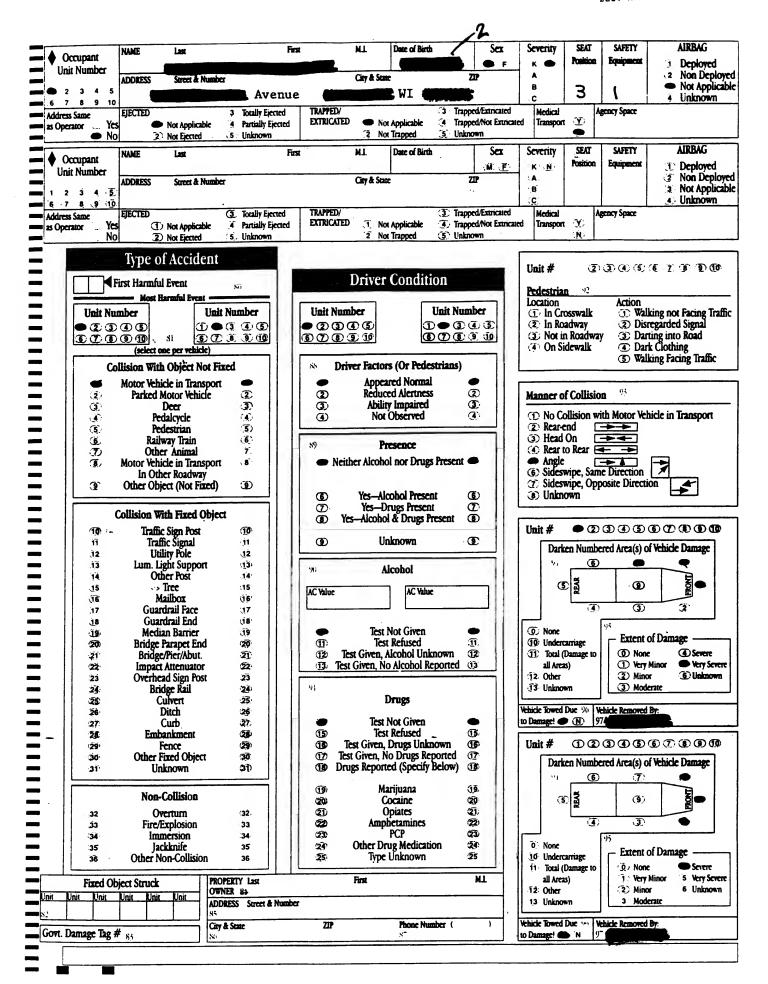
THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY TH

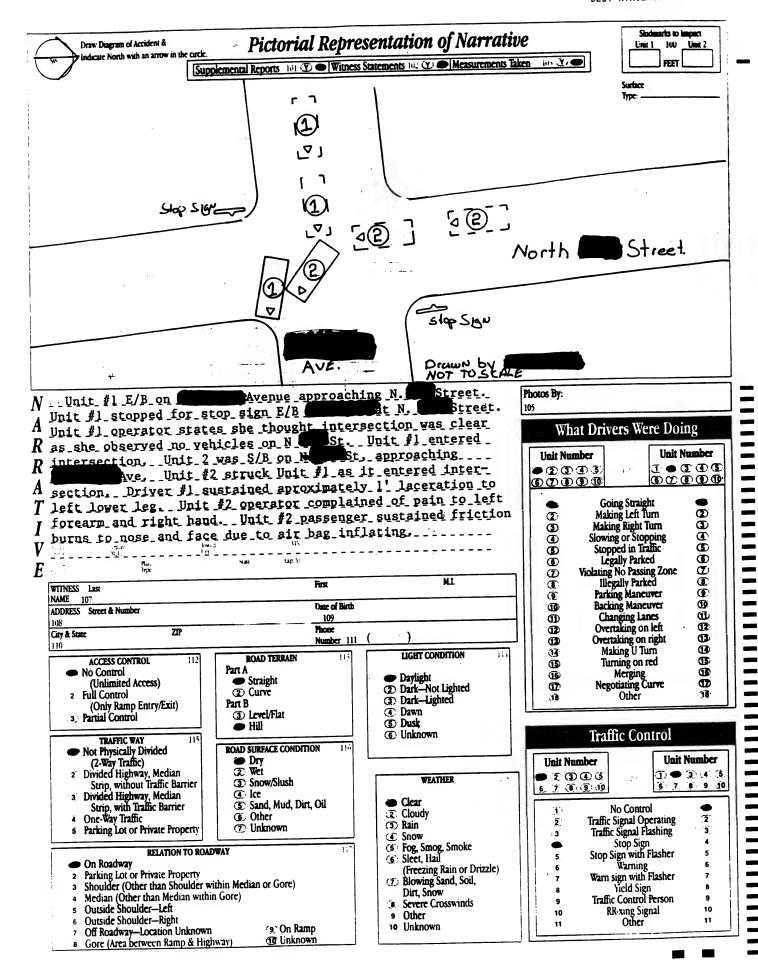
MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

# Appendix A:

POLICE ACCIDENT REPORT

	Amended Document On Emergetic			Document Number O	
	Wisconsin Motor Vebicle			Document Number Of	cince
	Accident Report — — —	Time of Acciden	e in Hris Mact. fun Strace	Hit & Run Y	
•	Accident Da	te (Military Time)	Total Number	Government Property Y	
	INSTRUCTIONS County MUN/TWP ACCIDENT DAY	YEAR HOUR MIN	UNITS INIURED KILLED	Fire (Narrative)	Sheet No.
	July Market	94 1724		Photos Taken (Narrative) Y Trailer or Towed (Narrative) Y	Of
	42 Parail	99 0 0 0 0 0		Truck or Bus (Last Page)	-
	Mark Areas as shown: 1 1 1 • Apr	1 1 1		Load Spillage Y Construction Zone	101 1
	Correct Mark 2 2 2 2 May 3 3 June 3 3 June 3 3 May 3 3 June 3 3 June 3 3 June 3 3 June 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2 2 2 2 2 3 3 3		Names Exchanged Y	
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Į.	6 6   6 6   Sept   Oct	7 7	7 7 7 7 7 7	Public Highway, Non-Inter	section
Vecident	Accident 8 8 8 Nov	8 8 8	8 8 8 8 8 8 9 9 9 9 9	Parking Lot Private Property or Road	
	N g g Dec:	Seconds:	LONGITUDE (GPS) Degrees:	Minutes:	Seconds:
_	LATITUDE (GPS) Degrees Minutes:			Hwy No. and / Street Name	
	ON Hwy No. and / Street Name	Estimated FT.	ern. Sen.	orth	-
	i,		S I In		Special Study
	House # Fire # Other Linhy # Railroad #		Agency Space	<b>}</b>	I 2 3 4
	Guilly "	Direction of Travel	Unit Number Unit	Type Total Number of Occupants	Direction of Travel
	Clift Number	(Before the Accident)	1 0 3 4 2	3 4 0 1 • 3 4 5 6	(Before the Accident)
_	2 3 4 2 3 4 0 1 3 4 5 6 7 8 5 6 7 Other	* w * •	5 6 7 8 5 6	7 Other	W E
Police No	9 10	. s	9 10 Speed OPERATOR Last	First	NI.
2	Speed OPERATOR Last First Limit NAME 3.2	M.L.	Speed OPERATOR Last Limit NAME	143	
	0 0 -3		O O ADDRESS Street & Number		
	ADDRESS Street & Number		26	Avenue	
		Phone Number	3 City & State	The state of the s	umber (
		88	2	WI 28	
	Driver's License Number State	Exp. Year	6 Driver's License Number	State 30 WI	Exp. Year
	NA 29 36 W		NA 29		ass Endorse
94	Date of Birth  Sex M Operating	Class Endorse (Mark Only One) (Mark All	Date of Birth	721   "	only One) (Mark All
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	Accident E EMT—Paramedic Classified:	BM HPT.	Accident E EMT—Paramedic F Fire Fighter	CMV Y Classified: B	
T)	F Fire Fighter CMV Y CH Winter Hwy Maintenance	C U N S F	H Winter Hwy Mainte	nance	
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	B Not Applicable 3	Totally Ejected	B 54 1 16 1	3 Not Applicable 3 Totally Ex	cted •
	TRAPPED/ Not Applicable 3 Trapped/Extricated 5	Unknown Medical : Y	TRAPPED/ Not Applicable		n Medical Y
	TRAPPED/ Not Applicable 3 Trapped/Extricated 5  EXTRICATED 2 Not Trapped 4 Trapped/Not Extricated	Transport	EXTRICATED 2 Not Trapped	4 Trapped Not Extricated	Transport •
	▲ Vehicle Owner Last Name First	MI	Vehicle Owner Last Name	First	-
	Same N 46 Street Address		Street Address		•
	r		4-		: Number ( )
	City & State ZIP	Phone Number ( )	City & State	ZIP Phone	
	** Year of Vehicle Make Model Body St	yle Color	Year of Vehicle Make	Model Body Style	Color
	50 86 51 Dodge 5_Omni 53 4	dr 4,Gry	II.	outh, NEon ; 4dr	5, blk
-	Vehicle ID Number		Vehicle ID Number 55 1P3ES47C55D		
٥	License Plate Number	State Exp. Year	License Plate Number	Plate Type T	State Exp. Year
				;- AU1	SS W.1 59 94 Citation
	Policy Holder's Name Same N (c)	Citation 0			1 2 3
	Liability Insurance Company Stat.	#		Stat. #	
	INDE	346.18(3) First M.I.	Date of Birth Sex	Severity SEAT SAFETY	AIRBAG
	Occupant	I U.S. M.J.	5" F	K N Position Equipment	Deployed
£	Unit Number ADDRESS Street & Number	City & State	ziP	A B	<ul><li>Non Deployed in Not Applicable</li></ul>
or after	1 3 4 5 Success Success Annual Control of the Contr			• 3 . 1	4 Unknown
=	Address Same EJECTED 3 Totally Ejected	TRAPPED/	3 Trapped Extricated		
	as Operator Yes. Not Applicable 4 Partially Ejected 5 Unknown		t Applicable 4 Trapped Not Extri t Trapped 5 Unknown	•	
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Officer's Opinion of Possi	voie Conitie											
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6 Improper Turn 6	6	Stop	Lamps	6		;	6			avement		6
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Truck & Bus Accident Info When To Use This Section: Did to A truck with at least two axles and six tires?	ormation	(This Section	Nor Dec	pleted fo	e Each 1	eruck o	us M	nvolv ater	ed in the	his Accid	ent.).	
Truck & Bus Accident Info When To Use This Section: Did to Part A A truck with at least two axles and six tires? A truck with a hazardous materials placard?	Ormation the accident involve	(This Section	Nor Dec	pleted fo	s Fach 1	eruck o	us M	nvolv ater	ed in the	his Accid	ent.).	
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### INCIDENT RECAP REPORT

ALARM	ADDRESS	Street &	Avenu	le DATE	4_
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On Fire vehicular accides smoking. Initia	Department Di	spatch Cent	er received venue with d	one of the v	ehicles
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Firefighters redriver of one v	ndered first a	extremely	upset by	the events t	hat had

Firefighters rendered first aid in the form of low flow oxygen to the driver of one vehicle who as extremely upset by the events that had occurred and also administering an ice pack to the face of a juvenile male who suffered rug burn type injuries to his face due to the deployment of the air bag. The owner of the Plymouth Neon was issued a Hazardous Substance Spill letter and was informed of the city's policy for cleanup cost. A Hazardous Materials Invoice should accompany this report which consisted of one bag of absorbent with disposal.

This incident concluded at 1828 hours with all fire suppression units back in service.

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	IPLEX	ROAD			15	7.6 MOE	BILE PROPE			(Complete	1E			1/1/	]
	A OF FIRE OR	IGIN	Co	M PAR	TMEN	76	EQUIP	MENT INVO	LVED IN IGI	NOB/ NITION E	4 E	(Complete	Line T)	1/1/	
AREA	A OF FIRE OR	IGIN ENGER BNITION	Ca	a PAR	TALEA PE OF MA	76 TERIAL IGI	EQUIPI NITED	MENT INVO	LVED IN IGI	NOB/	AL IGNITED	)	Line T)	196	
FORI FORI METI	M OF HEAT ICE	IGIN ENGER BNITION DEPLOYN	Co.  1EXT	9 <sub>1</sub> 9 TY	PE OF MA  WAD  Make shift a  Portable ext	TERIAL IGN	EQUIPI NITED	MENT INVO	FORM O	NITION  E  MATERIA  A  A  Material	AL IGNITED  B	Sier stream dev	nce ve		1
FORI METIEXTIII LEVE	A OF FIRE OR  M OF HEAT IC  BAG  HOD OF  NGUISHMENT  EL OF FIRE OI	IGIN  NGER BNITION  DEPLOYA  T  J	Sell extinguis	9.9 TY	PEOF MA  WAD  Make shift a  Portable ext  Automatic e	TERIAL IGN ETERA Inds Inds Inds Inds Inds Inds Inds Inds	EQUIPI NITED	MENT INVO	FORM O	MOG/ NITION E F MATERIA Induire	AL IGNITED  B	Sier stream dev	nce ve not reported No repress led, or imit or accu	919	. 0
FORI METIEXTIII EXTIII LEVE 2 0 0 3 0 0 1 1 0 0 1 0 1 0 1 0 1 0 1 0 1	A OF FIRE OR  M OF HEAT IC  BAC  HOD OF  NGUISHMEN'  EL OF FIRE OI  Grace level to 9 ft 10 to 19 leet 20 to 29 leet 30 to 49 leet 50 to 70 leet  ber of Stories 1 story 2 story	GIN  CNCER  GNITION  CPLOYA  RIGIN  6 Over 70 leet 7 Objects in it 8 Below grout 9 Not classifie 0 Undeter min	Sell extinguiting the sell extinguiting the sell extended above and above and above and above are sell extended.	9,9  sned 2 E sned 3 E DOLL  25 to 49 stores 50 stores	PEOF MA'  (PE OF M	TERIAL IGN ETERA  ids inguisher inguisher AL DO NOT SI	EQUIPMITED  S Pre- Fre- T Hann  HOW CENTS	MENT INVO	FORM O  FORM O	MITION  E MATERIA  Indoine lipipe  1  JT 4  N TYPE  Combustible concombustible lary	B   Ma B   Ma	classified about the validity mation should be received wood in classified about the validity mation should be received wood in the validity mation should be received wood in classified about the validity mation should be received wood in classified about the validity mation should be received wood in classified about the validity mation.	nce ve not reported  No repressibled, or importance versions accurately to the control of the co	919	
FORI	A OF FIRE OR  A OF HEAT IC  BAC  HOD OF  NGUISHMEN'  L OF FIRE OF  Grace level to 9 to 10 to 19 leet  20 to 29 leet  30 to 49 leet  50 to 70 leet  ber of Stories  1 sion, 2 siony 3 to 4 stories  NT OF DAMA  onlined to the oble  onlined to part of or  onlined to part of the or  onlined the or  onlined the or  onlined the or	GIN  CALCAR  GNITION  CPLOYA  GRIGIN  6 Over 70 leet 7 Obsects in the 8 Below groun  9 Not classified 0 Undeter min  4 5 to 6 stories 5 7 to 12 stories 6 13 to 24 stories CGE compon or area of origon compon or area of origon compon origin control origin componition componition componition componition componition componition control componition componition control componition componition control componition control componition control componition control componition control	Sell extinguition of the self-self-self-self-self-self-self-self-	9.9 TY 9.9 TY 9.9 TY 3 ESTIM DOLL 1	PE OF MA  (PE OF MA)  (PE OF M	TERIAL IGN ETERA Ids Infoguisher XI. system AL DO NOT SI  P  1 2 3 4 5 9 9 9 9	EQUIPI  NITED  5   Pre- 7   Hand  HOW CENTS  Treported  ETECTOR P  Det in room Det not in n	CON 1 CON 1	FORM O  FORM O  FORM O  STRUCTIO  Fire resistive Heavy limber Profected non Unprofected on Unprofected on Unprofected on Unprofected on Frotected on	MOS/NITION  E MATERIA  Indoine libror  1  JT 4  N TYPE  Combustible concombustible pary	B   Ma 9   Notine 10   Notine	ster stream devices stream devices stream devices ade, intending the control of t	No repressive died, or importante di trame over noi osmalli to ognati di ogn	919 / Pentation of died as racy of	
FORI METIEXTIII LEVE 3 0 0 1 2	A OF FIRE OR  A OF HEAT IC  B A C FIRE OR  HOD OF  NGUISHMEN  L OF FIRE OI  Grace level to 9 ft 10 to 19 leet 20 to 29 leet 20 to 29 leet 30 to 49 leet 50 to 70 leet  ber of Stories  NT OF DAMA  onlined to the obe onlined to pan off onlined to pan off onlined to pan off onlined to pan off onlined to it to one on off onlined to structure tended bevond st  E OF MATERI  XKE SPREAD  XKE SPREAD  ND ROOM	GIN  CALCAR  GNITION  CPLOYA  GRIGIN  6 Over 70 leet 7 Obsects in the 8 Below groun  9 Not classified 0 Undeter min  4 5 to 6 stories 5 7 to 12 stories 6 13 to 24 stories CGE compon or area of origon compon or area of origon compon origin control origin componition componition componition componition componition componition control componition componition control componition componition control componition control componition control componition control componition control	Sell extinguity  ght ind level d above  Flame 1 2-0 3 4 0 5 0 7 0	25 to 49 stores of Number of Number of 7 9	PEOF MA  POTABLE ext ANTED TOT AR LOSS (I	TERIAL IGN ETERA Ids Infoguisher XI. system AL DO NOT SI  P  1 2 3 4 5 9 9 9 9	S Pre- 6 Pre- 6 Pre- Hand HOW CENTS  Teponed  ETECTOR P Del in room Del not in m	CON 1 CON 1	FORM O  FORM O	MATERIA  MAT	B   Ma 9   Noi 10   Noi	ster stream devices stream devices stream devices ade, intending the control of t	No repressive or accuments of a	9.9  / Pentation of the pentation of the	
AREA FORI	A OF FIRE OR  A OF FIRE OR  M OF HEAT IC  BAC  HOD OF  NGUISHMEN  L OF FIRE OI  Grace level to 9 ft 10 to 19 leet 20 to 29 leet 30 to 29 leet 30 to 49 leet 50 to 70 leet  ber of Stories  I sion, 2 siony 3 to 4 stories  NT OF DAMA  onlined to the obe onlined to the obe onlined to part of 1  onlined to inco oi onlined to inco oi onlined to inco oi onlined to inco oi onlined to structur  tended bevond st  E OF MATERI  NE SPREAD  ND ROOM  IGIN  M OF MATER  DKE SPREAD BEY	GIN  CALCYA  GINITION  CPLOYA  RIGIN  6   Over 70 leet 7   Objects in the 8   Below group in the 9   Not classifie 0   Undeter min  4   5 to 6 stories 5   7 to 12 storie 6   13 to 24 storie CGE lict of origin cated comp. of origin rated comp. of origin rated comp. of origin  AL GENERATIN  AL GENERATIN  AL GENERATIN	Sell extinguity  Ight Id level Id above Is 8 5 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25 to 49 sto DOLL  25 to 49 sto So stores Number of  Sm 1 2 3 4 5 6 7 9  SMOKE	PE OF MA  (PE OF MA)  (PE OF M	TERIAL IGN ETERA Ids Infoguisher XI. system AL DO NOT SI  P  1 2 3 4 5 9 9 9 9	EQUIPMINITED  5   Pre- 6   Pre- 7   Hann  HOW CENTS  Treported  ETECTOR P Del in room Del not in ri Del cori in ri Del co	CON 1 CON 1	FORM O  SINK ONLY  SINK ONLY  STRUCTIO  Fire resistive Heavy timber Profected non Unprotected on Unprotected on Unprotected on Fire oper  re origin - oper  re origin - oper  re origin - no oper  re origin - no oper  re origin - no oper  re origin - no oper  re origin - no oper  re origin - no oper  re origin - no oper  re origin - no oper  re origin - no oper  re origin - no oper  sed  RAVEL  Stamwell  S D Stamwell	MATERIA  MAT	B   Ma 9   Noi 10   Noi	classified about the validity opening in the validity mation should be validity mation should be validity mation should be validity mation should be validity opening in the v	No repressive or accuments of a	9.9  / Pentation of the pentation of the	
AREA FORI	A OF FIRE OR  A OF FIRE OR  M OF HEAT IC  BAC  HOD OF  NGUISHMEN  L OF FIRE OI  Grace level to 9 ft 10 to 19 leet 20 to 29 leet 30 to 29 leet 30 to 49 leet 50 to 70 leet  ber of Stories  I sion, 2 siony 3 to 4 stories  INT OF DAMA  onlined to the obe onlined t	GIN  CNCER  CNITION  CPLOYA  GIGIN  RIGIN  R	Sell extinguity  Ight Id level Id above Is 8 5 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25 to 49 stores of Number of Number of SMOKE	PE OF MA  (PE OF MA)  (PE OF M	TERIAL IGN ETERA  Ids Iniquisher Ids Iniquisher IAL DO NOT SI  P  P  P  P  P  P  P  P  P  P  P  P  P	SEQUIPI  SET INTED  SE	CON 1 CON 1	FORM O  SINK ONLY  SINK ONLY  STRUCTIO  Fire resistive Heavy timber Profected non Unprotected on Unprotected on Unprotected on Fire oper  re origin - oper  re origin - oper  re origin - no oper  re origin - no oper  re origin - no oper  re origin - no oper  re origin - no oper  re origin - no oper  re origin - no oper  re origin - no oper  re origin - no oper  re origin - no oper  sed  RAVEL  Stamwell  S D Stamwell	ndoipe  F MATERIA  Indoipe  I JT 4  N TYPE  Combustible  Concombustible  Concombustible  Control  In construction  Inng in wall	B   Ma 9   Noi 10   Noi	classified about the validity mation should be validity opened or solid be valid be valid by valid	No repressive or accuments of a	9.9  / Pentation of the pentation of the	
AREA FORI	A OF FIRE OR  A OF FIRE OR  M OF HEAT IC  BAC  HOD OF  NGUISHMEN  L OF FIRE OI  Grace level to 9 ft 10 to 19 leet 20 to 29 leet 30 to 29 leet 30 to 4 stories  I story 3 to 4 stories  INT OF DAMA  Description of the object  Description of	GIN  CALCYA  GINITION  CPLOYA  RIGIN  6   Over 70 leet 7   Objects in the 8   Below group in the 9   Not classifie 0   Undeter min  4   5 to 6 stories 5   7 to 12 storie 6   13 to 24 storie CGE lict of origin cated comp. of origin rated comp. of origin rated comp. of origin  AL GENERATIN  AL GENERATIN  AL GENERATIN	Sell extinguity of the self extended of the self ex	25 to 49 sto DOLL  25 to 49 sto So stores Number of  Sm 1 2 3 4 5 6 7 9  SMOKE	PEOF MA  (PE OF MA)  (PE OF MA	TERIAL IGN ETERA  Ids Inguisher Ids Inguishe	FEECTOR P  Del in room Del notinn	CON 1 CON 1	FORM O  FORM O  FORM O  FORM O  FORM O  STRUCTIO  Fire resistive Heavy timber Protected north The origin - oper Tre orig	ndoipe  F MATERIA  Indoipe  I JT 4  N TYPE  Combustible  Concombustible  Concombustible  Control  In construction  Inng in wall	B   Ma 9   Noi 10   Noi	classified about the validity mation should be validity opened or solid be valid be valid by valid	No repressive or accuments of a	919 Jentation olied as racy of	

## Appendix B:

CRASHPC PROGRAM RESULTS,
SMASH PROGRAM RESULTS, AND
EDCRASH PROGRAM RESULTS

## U.S. Department of Transportation

## **CRASHPC PROGRAM SUMMARY**

National Highway Traffic Safety

(All Messurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM

Administration				GAV	ASHWORTHINESS DATA SYSTEM
Identifying Title  Primary Sampling Unit	Gese NoStratum		Accident Event Sequence No.	Date (Month,	day, yaar) of Run
CRASHPC Vehicle Ide Vehicle 1 Vehicle 2	entification 95 86 Year	Plymou	<u>e</u> .	NEON OM NI Model	NASS Ven. No.
	G	ENERA I	NFORMAT	ION	
Size	VEHICLE I	3	Size Weight	VEHICLE	2
CDC <u>C</u> PDOF (-180 to +180	A	<u>w</u> 1	CDC PDOF (-	$+\frac{91}{\text{Occupant(s)}} + \frac{5}{\text{Cargo}} = \frac{1}{180 \text{ to } + 180}$	$\frac{1094}{5}$ kg $\frac{1570}{5}$
Stiffness	148	7	Stiffness	5	90
Rest and Impact Posi	tions [ ] No, <i>Ge</i> /EHICLE 1		FORMATI	ON [ ] Yes VEHICLE	<b>:</b> 2
Rest Position	X	·m ·m	Rest Position	X Y PSI	m
Impact Position	X	· m · m	Impact Position	X Y PSI	m m
Slip Angle(-180 to +	180)	°	Slip And	gle (-180 to +180)	°
		VEHIC	E MOTIO	ν	
Sustained Contact	[:]:No [:]:Yes VEHICLE 1			VEHICL	
	[ ] No fore Rest [ ] No	•		Rotation ation Stop Before Re	[ ] No [ ] Yes st [ ] No [ ] Yes
End of Rotation Position		m m	End Pos	of Rotation X ition Y PSI	m m
Curved Path Point on Path X	[ ] No m Y	[ ] Yes	Poi X	Path nt on Path m	Y m
Rotation Direction  Rotation > 360°		/ [ ] CCW	Rotatio	n Direction [ ] No on >360° [ ] No	o [ ] Yes

National Accident Sampling System-Crashworthiness Data System: CRASHPC Program Summary

FRICTION	INFORMATION	TRAJECTORY	INFORMATION
Coefficient of Friction		Trajectory Data [ ] N	io [ ] Yes
Rolling Resistance Opt	<del></del>	If No. Go To Damage In	formation
		Vehicle 1 Steer Angles	
Vehicle 1 Rolling F	Resistance	LF	• RF •
LF		LR	
LR	RR		
		Vehicle 2 Steer Angles	
Vehicle 2 Rolling F		LF	
	RF RR	LR	_ ° RR °
	·		
		Terrain Boundary [ ]	No [ ] Yes
		First Point	
		X m	Y m
		Second Point	· · · · · · · · · · · · · · · · · · ·
			Y m
		Secondary Coefficient of	
			THEORY .
	DAMAGE IN	IFORMATION	
VI	EHICLE 1	VEH	ICLE 2
Damage Length	L <u> </u>	Damage Length	L <u>/80</u> cm
Crush Depths	C,2 cm	Crush Depths	C <sub>1</sub>
	C <sub>2</sub>		C <sub>2</sub>
	C,		1 3
	C <sub>4</sub> 5 cm +	Reversed	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
	C <sub>6</sub>	No consequence	C <sub>6</sub>
	$C_6 $	U	C,cm
D 0#	n ⊕ 1.5 cm		A / 2
Damage Offset	D + 1 5 cm	Damage Offset	D <u> 143</u> cm
		-	
IF THIS COMMON IMP	PACT WAS WITH A MOTOR VEHICLE	E <i>NOT IN TRANSPORT,</i> FILL IN	THE INFORMATION BELOW.
Model Year:		The Weight, CDC, Scene D	Pata and Damage Information
		for this vehicle should be	
Model:			
1.414.1		. 1	
_			
Complete ar	nd ATTACH the appropriate vehic	le damage sketch and dimen	sions to the Form.
	I = V	,	

## SUMMARY OF CRASHPC RESULTS USING DAMAGE

SCI94-16

## SPEED CHANGE (DAMAGE)

VEHICLE #1		
TOTAL	16 KPH ( 10 MPH)	
LONGITUDINAL	-14 KPH ( -8 MPH)	
LATITUDINAL	-8 KPH ( -5 MPH)	
PDOF ANGLE	30 DEGREES	
ENERGY DISSIPATED =	20453 JOULES ( 15084 FT-LB)	

 VEHICLE #2

 TOTAL
 17 KPH ( 10 MPH)

 LONGITUDINAL
 -6 KPH ( -4 MPH)

 LATITUDINAL
 16 KPH ( 10 MPH)

 PDOF ANGLE
 -70 DEGREES

ENERGY DISSIPATED = 12252 JOULES ( 9036 FT-LB)

## DAMAGE DATA

VEHICLE #1	VEHICLE

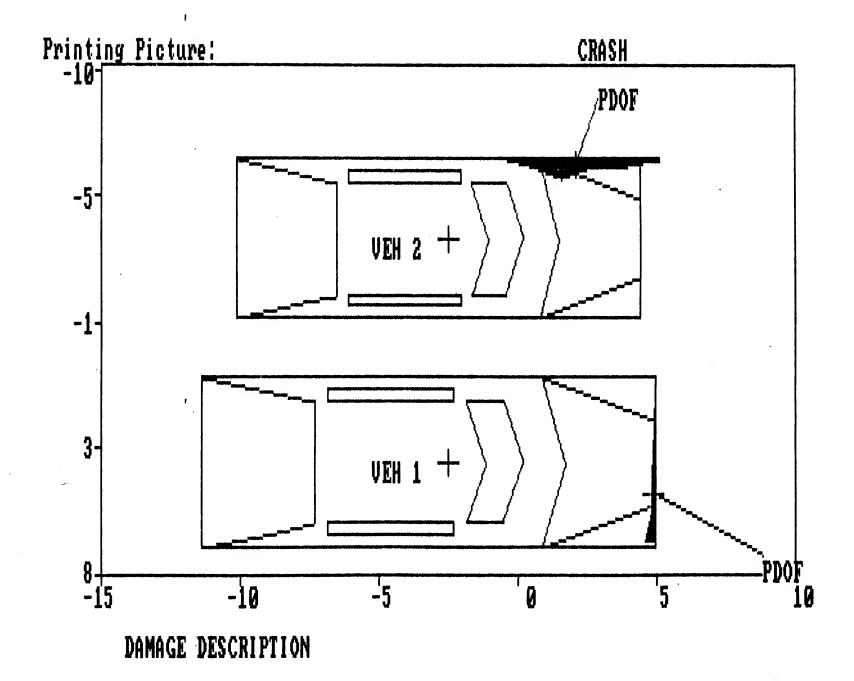
3			2	
9			2	
⟨ 25∢	52 LBS)	1094 KGS	( 24	12 LBS)
O1FDEW1		10	LFEW2	
O DEGRE	ES	-70	DEGREE	3
M. ( 5	5 IN.)	180 CM.	. ( 71	IN.)
M. (	i IN.)	O CM.	. ( )	) IN.)
M. (	0 IN.)	8 CM.	. ( 3	( IN.)
M. (	1 IN.)	22 CM.	. ( 9	( IN.)
M. (	2 IN.)	10 EM.	. ( 4	IN.)
	2 IN.)	8 CM	. ( 3	IN.)
	4 IN.)	2 CM	. ( 1	IN.)
	6 IN.)	143 CM	. ( 56	IN.)
		140 CM	. ( 55	5 IN.)
	( 250 01FDEW1 0 DEGREE M. ( 50 M. ( 60 M. ( 60	( 2562 LBS) 01FDEW1 0 DEGREES M. ( 55 IN.) M. ( 1 IN.) M. ( 0 IN.) M. ( 1 IN.) M. ( 2 IN.) M. ( 2 IN.) M. ( 4 IN.) M. ( 6 IN.)	( 2562 LBS) 1094 KGS 01FDEW1 10 0 DEGREES -70 M. ( 55 IN.) 180 CM. M. ( 1 IN.) 0 CM. M. ( 0 IN.) 8 CM. M. ( 1 IN.) 22 CM. M. ( 2 IN.) 10 CM. M. ( 2 IN.) 8 CM. M. ( 2 IN.) 2 CM. M. ( 4 IN.) 2 CM. M. ( 4 IN.) 143 CM.	9 2 ( 2562 LBS) 1094 KGS ( 24 01FDEW1 10LFEW2 0 DEGREES -70 DEGREE M. ( 55 IN.) 180 CM. ( 71 M. ( 1 IN.) 0 CM. ( 0 M. ( 0 IN.) 8 CM. ( 3 M. ( 1 IN.) 22 CM. ( 9 M. ( 2 IN.) 10 CM. ( 4 M. ( 2 IN.) 8 CM. ( 3 M. ( 4 IN.) 2 CM. ( 3 M. ( 4 IN.) 10 CM. ( 4 M. ( 56 IN.) 143 CM. ( 56

(\* INDICATES DEFAULT VALUE)

#2

## DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	130 CM. ( 51 IN.)	118 CM. ( 46 IN.)
CG TO REAR AXLE	141 CM. ( 56 IN.)	127 CM. ( 50 IN.)
TRACK	150 CM. ( 59 IN.)	139 CM. ( 55 IN.)
CG TO FRONT OF VEH	228 CM. ( 90 IN.)	212 CM. ( 83 IN.)
CG TO REAR OF VEH	-270 CM. (-106 IN.)	-233 CM. ( -92 IN.)
CG TO SIDE OF VEH	92 CM. ( 36 IN.)	85 CM. ( 34 IN.)
MOMENT OF INERTIA	10043 KGS ( 22140 LBS)	.8394 KGS ( 18506 LBS)
VEHICLE MASS	3 KGS ( 7 LBS)	3 KGS ( 6 LBS)



Page 1

## SMASH RECONSTRUCTION PROGRAM RESULTS

1994

Summary of Results Using Damage

SC194-16

Speed Change (Damage)

Vehicle #1

Total 15 kph ( 9 mph)

Longitudinal -13 kph ( -8 mph)

Latitudinal -8 kph ( -5 mph)

PDOF Angle 30 °

Energy Dissipated = 20453 Joules ( 15084 Ft-Lb) Calculated using size and stiffness categories.

Vehicle #2

Total 16 kph ( 10 mph)
Longitudinal -5 kph ( -3 mph)
Latitudinal 15 kph ( 9 mph)
PDOF Angle -70 °

Energy Dissipated = 34514 Joules ( 25453 Ft-Lb) Calculated using size and stiffness categories.

#### General Information

	Vehicle #1	Vehicle #2
Year	1995	1986
Make	PLYMOUTH	DODGE
Model	NEON .	OMNI
CDC	01FDEW1	10FLEW2
PDOF Angle	30 °	-70 °
Heading Angle	170 °	90 °
Calculation method:	Size and Stiffness	Size and Stiffness
Size Category	3	2
Stiffness Category	9	2
Vehicle Weight	1162 kgs ( 2562 lbs)	1094 kgs ( 2412 lbs)

## Damage Information

	,	Veh:	icl	e #'	1	Vehicle #			2	
Crush Length	140	cm	(	55	in)	180	cm	(	71	- in)
C1	2	cm	(	1	in)	8	cm	(	3	in)
C2	1	CM	(	0	in)	22	CER	(	9	in)
C3	3	cm	(	1	in)	10	CIM	(	4	in)
C4	5	cm	(	2	in)	8	cm	(	3	in)
<b>C5</b>	4	cm	(	2	in)	2	cm	(	1	in)
C6	10	CM	(	4	in)	2	cm	(	1	in)
D	15	cm	(	6	in)	143	cm	(	56	in)
D'	36	СП	(	14	in)	114	cm	(	45	in)

## Vehicle Dimensions

	Vehicle #1 	Vehicle #2		
Data	From Size Categories	From Size Categories		
Length	498 cm ( 196 in)	- 444 cm ( 175 in)		
Width	185 cm ( 73 in)	170 cm ( 67 in)		
Wheelbase	272 cm ( 107 in)	244 cm ( 96 in)		
Weight	1162 kgs ( 2562 lbs)	1094 kgs ( 2412 lbs)		
CG to Front of Veh	228 cm ( 90 in)	212 cm ( 83 in)		
Engine Displacement	0 liters	0 liters		
Moment of Inertia	250140 kgs ( 22140 lbs)	209075 kgs ( 18506 lbs)		
Vehicle Mass	1162 kgs ( 6.7 lb-s <sup>2</sup> /in)	1094 kgs ( 6.3 lb-s^2/in)		

## TRC/IU ON-SITE AIR BAG FIRE INVESTIGATION CASE NO. - 94-16

## EDCRASH RECONSTRUCTION PROGRAM RESULTS

SUMMARY OF EDCRASH RESULTS
IHTSA #8 S/N: 0266-8 Version: 4.61 Lic. User: NHTSA #8

Date: 1994 SCI 94-16

MESSAGES:

## NO MESSAGES

## VEHICLE # 1

IMPA SPEI km/	ΞD	SI	PEED CHAI	NGE	BASIS FOR RESULTS	
FWD	LAT	TOTAL	LONG.	LATERAL	RESULTS	
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM	
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND DAMAGE	
		16.2	-14.1	-8.1	DAMAGE DATA ONLY	

## VEHICLE # 2

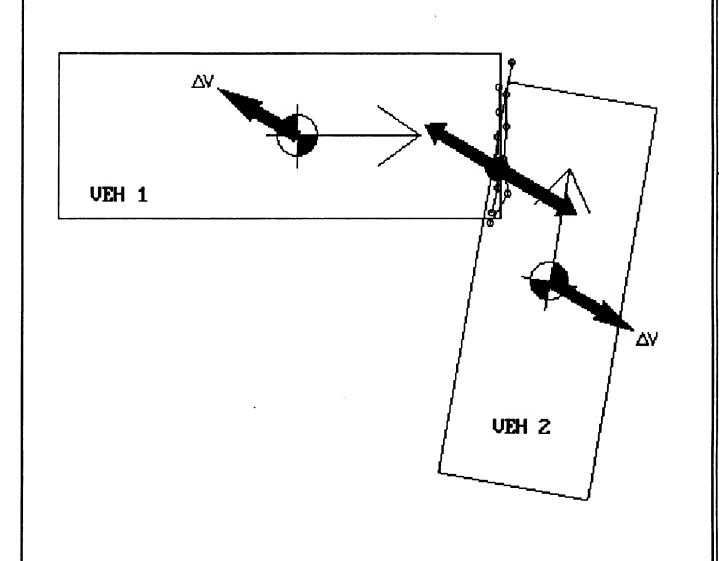
IMPA SPEI km	ED	SI	PEED CHAN	NGE	BASIS FOR	
FWD	LAT	TOTAL	LONG.	LATERAL	RESULTS	
N/A	N/A N/A N/A		N/A	N/A	SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM	
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND DAMAGE	
		17.3	-5.9	16.2	DAMAGE DATA ONLY	

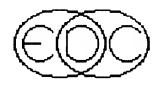
## SUMMARY OF DAMAGE DATA (NOTE: '\*\*' indicates default value)

	Vehicle #1	Vehicle #2
CLASS / STIFFNESS CATEGORIES WEIGHT CDC DAMAGE WIDTH CRUSH DEPTH 1 CRUSH DEPTH 2 CRUSH DEPTH 3 CRUSH DEPTH 4 CRUSH DEPTH 5 CRUSH DEPTH 6 DAMAGE MIDPOINT OFFSET DAMAGE ENERGY MAGNITUDE OF PRINCIPAL FORCE DIRECTION OF PRINCIPAL FORCE	3 / 9 1162.0 kg 01FDEW1 140.0 cm 2.0 cm 1.0 cm 3.0 cm 5.0 cm 4.0 cm 10.0 cm 15.0 cm 20452.4 Joules 121662.1 N	Vehicle #2  2 / 2  1094.0 kg  10LYEW2  180.0 cm  8.0 cm  22.0 cm  10.0 cm  8.0 cm  2.0 cm  2.0 cm  143.0 cm  11886.2 Joules  129882.2 N  -70.0 deg
MOMENT ARM OF PRINCIPAL FORCE DAMAGE CENTROID		80.5 cm 114.3 cm

## DIMENSIONAL, INERTIAL AND CRUSH STIFFNESS PROPERTIES (NOTE: '\*\*' indicates default value)

	Vehic	le #1	Vehicle #2				
CG TO FRONT AXLE	130.3	cm	**	117.6	cm	**	
CG TO REAR AXLE	141.0	cm	**	127.3	cm	**	
TRACKWIDTH	149.6	cm	**	138.7	cm	**	
YAW MOMENT OF INERTIA	2490.0	kg-m^2	**	2081.2	$kg-m^2$	**	
MASS	1160.1	kg		1092.2	kg		
BODY LENGTH FROM CG TO	FRONT 228.1	cm	**	211.6	cm	**	
BODY LENGTH FROM CG TO	REAR -270.3	cm	**	-232.7	cm	**	
BODY OVERALL WIDTH	184.4	cm	**	170.7	cm	**	
CRUSH STIFFNESSES:	A	В		A	В	,	
	lb/in	lb/in^2	1	b/in	lb/in^	2	
	373.4 **	37.7 **	1.	40.4 **	66.7	**	





EDCRASH At Impact

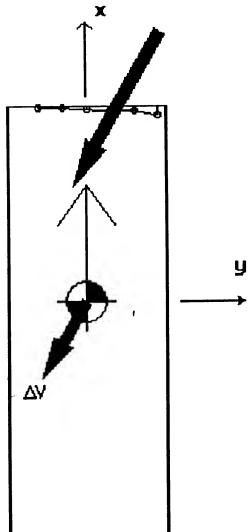
Veh #1 Veh #2 Delta-V (km/h) (BASIS: Damage)

X -14.1 -5.9 Y -8.1 16.2 Tot 16.2 17.3 PDOF 30.0 -70.0

UNITS: km/h,m,deg

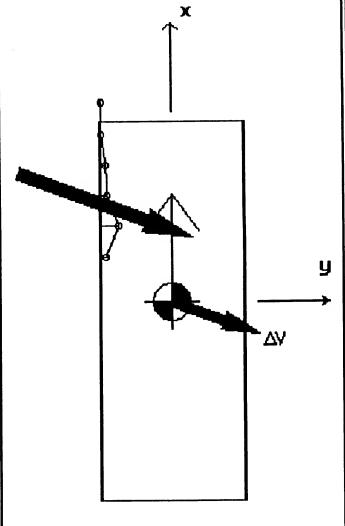
(NO SCENE DATA)

# Vehicle No. 1

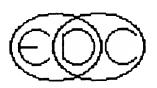


CDC/PDOF: 01FDEW1 30.0 deg Max Impact Force: 121662 N

Vehicle No. 2



CDC/PDOF: 10LYEW2 -70.0 deg Max Impact Force: 129882 N



## EDCRASH Damage Profiles

Veh #1 Veh #2 Delta-V (km/h):

X -14.1 -5.9 Y -8.1 16.2

Tot 16.2 17.3

Crush Data (cm):

J 140.0 180.0 D 15.0 143.0

D 15.0 143.0 C1 2.0 8.0

C2 1.0 22.0

C3 3.0 10.0

C4 5.0 8.0

C5 4.0 2.0

C6 10.0 2.0

## **Appendix C:**

NASS CDS ACCIDENT FORM

## U.S. Department of Transportation

**National Highway Traffic Safety** 

## ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM

Administration	CRASHWORTHINESS DATA SYST
1. Primary Sampling Unit Number	SPECIAL STUDIES - INDICATORS
1. Primary Sampling Unit Number  2. Case Number - Stratum  IDENTIFICATION	Check (🗸) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.
3. Number of General Vehicle Forms Submitted	6SS15 Administrative Use
4. Date of Accident	7SS16 Pedestrian Crash Data Study
(Month, Day, Year) 4	8SS17 Impact Fires
5. Time of Accident 1724	9SS18
Code reported military time of accident.  NOTE: Midnight = 2400	10SS19
Unknown = 9999	NUMBER OF EVENTS
	11. Number of Recorded Events in This Accident
	Code the number of events which occurred in this accident.
ACCIDEN	T EVENTS
For each event that occurred in the accident, code the le	owest numbered vehicle in the left columns and the other

involved vehicle or object on the right.

۱								
-	Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage	
	12. <u>0</u> <u>1</u>	13. <u>O</u> _	14. <u>0</u> <b>2</b>	15. <u>F</u>	16. <u>0</u> <u>2</u>	17. 0 /	18	
	19. 0 2	20. 🔼 ]	21. <u>O</u> <u>2</u>	22. <u>R</u>	23. <u>O</u> <u>2</u>	24. <u>0</u> <u>/</u>	25	
	26. <u>0</u> <u>3</u>	27	28	29	30	31	32	
	33. 0 4	34	35	36	37	38	39	
	40. <u>0</u> <u>5</u>	41	42	43	44	45	46	

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

## **CODES FOR CLASS OF VEHICLE**

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van ( $\leq$  4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

#### **CODES FOR GENERAL AREA** OF DAMAGE (GAD)

#### CDS APPLICABLE AND OTHER VEHICLES

## TDC APPLICABLE **VEHICLES**

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

#### (01-30) — Vehicle Number

#### Noncollision

- (31) Overturn rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):
- (35) Noncollision injury
- (38) Other noncollision (specify):
- (39) Noncollision details unknown

#### Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
  - (45) Breakaway pole or post (any diameter)

## Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but  $\leq$  30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):

- (57) Fence
- (58) Wali
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):
- (69) Unknown fixed object

#### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):
- (89) Unknown nonfixed object
- (98) Other event (specify):
- (99) Unknown event or object

## **Appendix D:**

NASS CDS VEHICLE FORMS: CASE VEHICLE

#### U.S. Department of Transportation

National Highway Traffic Safety Administration

## **GENERAL VEHICLE FORM**

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number  2. Case Number - Stratum  3. Vehicle Number  2. Case Number	11. Police Reported Alcohol Presence (0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown
4. Vehicle Model Year Code the last two digits of the model year (99) Unknown  5. Vehicle Make (specify): Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown	Note: See variables 37 through 55 (Page 4) for information on Other Drugs  12. Alcohol Test Result For Driver Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown  Source:
6. Vehicle Model (specify): NEON  Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown	13. Speed Limit (000) No statutory limit Code posted or statutory speed limit in kph (999) Unknown
7. Body Type Note: Applicable codes may be found on the back of this page.	25 mph x 1.6093 = 0 40 kph  14. Attempted Avoidance Maneuver (01) No avoidance actions (02) Braking (no lockup)
8. Vehicle Identification Number  \[ \begin{align*}     \begin{align*}	(03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present (98) Other action (specify):
(9) Unknown  10. Police Reported Travel Speed  Code to the nearest kph (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown	15. Accident Type Applicable codes may be found on the back of page two of this field form (CO) No impact Code the number of the diagram that best describes 1 he accident circumstance (98) Other accident type (specify):  (99) Unknown
mph X 1.6093 = kph	
**** SKIP TO VARIABLE GV37 IF G	V07 DOES NOT EQUAL 01-49 ****

	OCCUPANT RELATED	24. Rollover
	Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown  Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown	(0) No rollover (no overturning)  Rollover (primarily about the longitudinal axis) (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify):  (5) Rolloverend-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown
18.	Number of Occupant Forms Submitted <u>6</u> 2	
	VEHICLE WEIGHT ITEMS	OVERRIDE/UNDERRIDE (THIS VEHICLE)
19.	Vehicle Curb Weight Code weight to nearest 10 kilograms. (045) Less than 450 kilograms (610) 6,100 kilograms or more (999) Unknown	25. Front Override/Underride (this Vehicle)  26. Rear Override/Underride (this Vehicle)  (0) No override/underride, or not an end-to-end impact
20.		Override (see specific CDC) (1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify):
	Code weight to nearest 10 kilograms. (000) Less than 5 kilograms (450) 4,500 kilograms or more (999) Unknown	Underride (see specific CDC) (4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify):
	RECONSTRUCTION DATA	(7) Medium/heavy truck or bus override
21.	Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit	(9) Unknown HEADING ANGLE AT IMPACT FOR
	(9) Unknown	HIGHEST DELTA V
	Documentation of Trajectory Data for This Vehicle (0) No _(1) Yes	Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object - (999) Unknown
23.	Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted < 45 degrees	27. Heading Angle For This Vehicle  28. Heading Angle For Other Vehicle  29. O
	<ul> <li>(4) Tilted ≥ 45 degrees</li> <li>(5) Uprooted tree</li> <li>(6) Separated pole from base</li> <li>(7) Pole replaced</li> <li>(8) Other (specify):</li> <li>(9) Unknown</li> </ul>	,

	Highest
29. Basis for Total Delta V (highest)	32. Lateral Component of Delta V <u>O</u> O O 8
<ul> <li>Delta V Calculated</li> <li>(1) CRASH program—damage only routine</li> <li>(2) CRASH program—damage and trajectory routine</li> <li>(3) Missing vehicle algorithm</li> <li>Delta V Not Calculated</li> <li>(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.</li> <li>(5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.</li> <li>(6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data</li> </ul>	Nearest kph (highest)  Nearest kph (secondary)  (NOTE:000 means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (_999) Unknown  33. Energy Absorption
available.  COMPUTER GENERATED DELTA V  Highest  30. Total Delta V  Nearest kph (highest)  Nearest kph (secondary)	34. Confidence In Reconstruction Program Results (For Highest Delta V) (0) No reconstruction (1) Collision fits model — results appear reasonable (2) Collision fits model — results appear high (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear reasonable
(NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown	35. Type of Vehicle Inspection (0) No inspection (1) Complete inspection (2) Partial inspection (specify):
31. Longitudinal Component of Delta V  Nearest kph (highest)  Nearest kph (secondary)  (NOTE:000 means greater than0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (999) Unknown	36. Is this an AOPS Vehicle?  (0) No (1) Yes - researcher determined (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic (passive) belts
	THIS VEHICLE? [ ] YES [ ] NO

latio	nal Accident Sampling System-Crashworthmess Date	5 Oyotani Canada Tanada Tana
37.	Police Reported Other Drug Presence (0) No other drug(s) present (1) Yes [other drug(s) present] (7) Not reported (8) No driver present (9) Unknown	DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER  DEC Specimen Test Test Results Results Narcotic Drug 40. 0 41. 0 41. 0 43. 0 45. 0 45. 0
38.	Police Reported Drug Evaluation Classification (DEC) Test For Driver (0) No DEC process available or given (1) DEC process given, results known (2) DEC process given, results unknown (3) DEC process available, unknown if given (8) No driver present	Hallucinogen Drug Cannabinoid Drug Phencyclidine (PCP) Inhalant Drug Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)  46.
39.	Other Drug Specimen Test Type For Driver (0) No specimen test given (1) Blood test (2) Urine test (3) Other specimen tests (specify):  (7) Unspecified specimen test (8) No driver present (9) Unknown if specimen test given	<ul> <li>(0) No DEC test given</li> <li>(1) Passed DEC test</li> <li>(2) Failed DEC test</li> <li>(3) DEC test given—results unknown</li> <li>(8) No driver present</li> <li>(9) Unknown if DEC test given</li> <li>Codes for Specimen Test Results</li> <li>(0) No specimen test given</li> <li>(1) Drug not found in specimen</li> <li>(2) Drug found in specimen</li> <li>(7) Specimen test given, results unknown or not obtained</li> <li>(8) No driver present</li> <li>(9) Unknown if specimen test given</li> </ul>
	- -	
		. 1

OTHER DATA	
56. Driver's Zip Code	61. Rollover Initiation Object Contacted <u>6</u>
(00000) Driver not present (00001) Driver not a resident of U.S. or territories  Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied  (0) No rollover (1) Wheels/tires (2) Side plane
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	(3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown
(9) Unknown  58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance	(0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction
(7) Fire truck or car	PRECRASH DATA
(8) Other (specify):(9) Unknown	64. Pre-Event Movement (Prior to Recognition of Critical Event)
ROLLOVER DATA	
If GV07 (Body Type) $\neq$ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9.	<ul> <li>(01) Going straight</li> <li>(02) Slowing or stopping in traffic lane</li> <li>(03) Starting in traffic lane</li> <li>(04) Stopped in traffic lane</li> <li>(05) Passing or overtaking another vehicle</li> </ul>
59. Rollover Initiation Type  (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify):  (9) Unknown rollover initiation type	(06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify):
60. Location of Rollover Initiation  (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (9) Unknown	(98) No driver present (99) Unknown

	PRECRASH DA	TA (Continued)
	Critical Precrash Event	Pedestrian or Pedalcyclist, or Other Nonmotorist
55.	Critical Precrash Event (Q (Q)	(80) Pedestrian in roadway
	This Mahinla Lass of Control Due Tox	(81) Pedestrian approaching roadway
	This Vehicle Loss of Control Due To:	(82) Pedestrian—unknown location
	(01) Blow out or flat tire	(83) Pedalcyclist or other nonmotorist in roadway
	(02) Stalled engine	(specify):
	(03) Disabling vehicle failure (e.g., wheel fell off)	(84) Pedalcyclist or other nonmotorist approaching
	(specify): (04) Non-disabling vehicle problem (e.g., hood flew	roadway (specify):
		(85) Pedalcyclist or other nonmotorist—unknown
	up) (specify):	location (specify):
		igodation (opposity).
	(specify):(06) Traveling too fast for conditions	Object or Animal
	(08) Other cause of control loss (specify):	(87) Animal in roadway
	(06) Office cause of control loss (specify).	(88) Animal approaching roadway
	(09) Unknown cause of control loss	(89) Animal—unknown location
	(03) Utiknown cause of control loss	(90) Object in roadway
	This Vehicle Traveling	(91) Object approaching roadway
	(10) Over the lane line on left side of travel lane	(92) Object—unknown location
	(11) Over the lane line on right side of travel lane	(02) Object — dimarativi (002)
	(12) Off the edge of the road on the left side	(98) Other critical precrash event (specify):
	(13) Off the edge of the road on the right side	(30) Other childen products over toposity.
		(99) Unknown
	(14) End departure (15) Turning left at intersection	(35) CHRIOWH
	(16) Turning left at intersection	
	(17) Crossing over (passing through) intersection	For Corrective Actions Attempted see variable GV14
	(17) Crossing over (passing through) intersection (19) Unknown travel direction	(Attemped Avoidance Manuever)
	(19) Unknown travel direction	(Attemped Avoidance Mandever)
	Other Motor Vehicle In Lane	
	(50) Stopped	CC Describe Cashilian After Annidance Managers
	(51) Traveling in same direction with lower speed	66. Precrash Stability After Avoidance Maneuver
	(i.e., lower steady speed or decelerating)	(0) No avoidance maneuver
	(52) Traveling in same direction with higher speed	(1) Tracking
	(53) Traveling in opposite direction	(2) Skidding longitudinally—rotation less than 30
	(54) in crossover	degrees
	(55) Backing	(3) Skidding laterally—clockwise rotation
	(59) Unknown travel direction of other motor vehicle	(4) Skidding laterally—counterclockwise rotation
	in lane	(7) Other vehicle loss-of-control (specify):
	Other Motor Vehicle Encroaching Into Lane	(8) No driver present
	(60) From adjacent lane (same direction)—over left	(9) Precrash stability unknown
	lane line	,
	(61) From adjacent lane (same direction)—over right	
	lane line	67. Precrash Directional Consequences of
	(62) From opposite direction—over left lane line	Avoidance Maneuver (Corrective Action)
	(63) From opposite direction—over right lane line	(0) No avoidance maneuver
	(64) From parking lane	(1) Vehicle stayed in travel lane where avoidance
	(65) From crossing street, turning into same	maneuver was initiated
	direction	
	(66) From crossing street, across path	(2) Vehicle stayed on roadway but left travel lane
_	(67) From crossing street, turning into opposite	where avoidance maneuver was initiated
	direction	(3) Vehicle stayed on roadway, not known if left
	(68) From crossing street, intended path not known	travel lane where avoidance maneuver was
	(70) From driveway, turning into same direction	initiated
	(71) From driveway, across pat 1	(4) Vehicle departed roadway
	(72) From driveway, turning into opposite direction	(5) Avoidance maneuver initiated off roadway
	(73) From driveway, intended path not known	(8) No driver present
	(74) From entrance to limited access highway	(9) Directional consequences unknown
	(78) Encroachment by other vehicle—details	·
	unknown	
		AS NOT INSPECTED (I.E., GV35 = 0), ***

\*\*\* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE \*\*\* THE EXTERIOR VEHICLE, INTERIOR VEHICLE, OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



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· · · · · · · · · · · · · · · · · · ·	nt of Transportation ay Traffic Safety	FY	TERIOR	VEHI	CLEE	ORM	NA'	TIONAL A	CCIDENT	SAMPLING	SYSTEM
Administration			Lillon	1	-			CRASH	WORTHIN	ESS DATA	SYSTEM
1. Primar	y Sampling Unit Nu	mber	10	3.	Vehicle	Numbe	er			<u>0</u>	<u></u>
	Number - Stratum	9	411	6							1
		\	/EHICLE I	DENTI	FICATI	ON		-111			
	00 - 1		- ~	_				_		G	_
VIN	<u>P3E54</u>	<u>1 + C</u>	<u>55</u>	<u>ນ _</u>				-	Model Y	ear 9	의
Vehicle Ma	ike (specify):	lymou	<u>+h</u>	_	Vehicle	Model (s	pecify):	<u>N</u>	EON		
			LC	CATO	R						
	end of the damage imaged axle for side		t to the veh	nicle long	gitudina	center	line or b	umper d	corner f	or end in	npacts
Specific II	mpact No.	Location	of Direct Da	amage			Lo	cation	of Field	L	
0	1 (R)BC	OVER	110 c	M		ACR	055	fro	nt 1	bume	er
0		ONT do			Axle					-7	
			der 10			,					
	0.9		SH PROFI			JETER:	S				
	dentify the plane at ill, etc.) and label ac				taken	(e.g., at	bumpei	, above	bumpe	r, at sill,	above
N	Measure and docume	ent on the v	ehicle diag	ram the	location	of max	imum cı	ush.			
	Measure C1 to C6 fr	om driver to	passenger	side in	front or	rear imp	pacts ar	id rear t	o front	in side	
t	ree space value is d he individual C locat ide taper, etc. Reco	tions. This	may include	e the fol	lowing:	bumper	lead, be	umper t			
ι	Jse as many lines/co	olumns as n	ecessary to	describ	e each (	damage	profile.				
Specific	Plane of Impact	Direct D	amage	Field				_	_	WAX	
Impact Number	C-Measurements	Width (CDC)	<b>Ma</b> x Crush	L	C,	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>6</sub>	C.	±D
01	FRONT Bunger		10cm	138	20	8	5	6	9	28	+15
	FIZEE				18	7	2	2	4	18	
	FINAL				2	/	3	4	5	10	+150
02		75cm	2	77							
		16cm		26							

	FIZEE			1	10	/	2	X	7	10	
	FINAL				2	1	3	4	5	10	+15
											<u> </u>
02		75cm	2	77							
		16cm		26							
							-			<b></b>	ļ
								<u> </u>	<u> </u>		-
											<del>                                     </del>
	<del></del>							<b></b>			
			<del></del>			!					

## ORIGINAL SPECIFICATIONS WORK SHEET

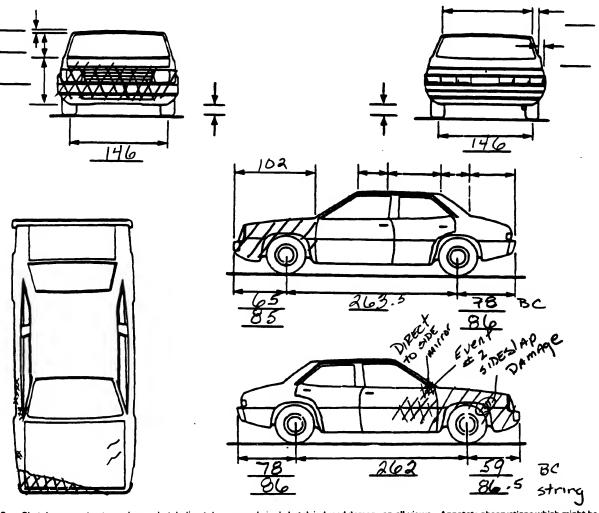
Wheelbase	104.	inches	x 2.54	=	<u> 2 4 4</u> cm
Overall Length	171.8	inches	x 2.54	=	<u>436</u> cm
Maximum Width	_67.2	inches	x 2.54	=	<u> 1 7 1 cm</u>
Curb Weight	2,320	pounds	x .4536	-	_1, <u>0</u> <u>5</u> <u>2</u> kg
Average Track	_57.4	inches	x 2.54	=	146 cm
Front Overhang		inches	x 2.54	=	cm
Rear Overhang		inches	x 2.54	=	cm
Undeformed End Width		inches	x 2.54	-	cm
Engine Size: cyl./displ.		СС	x .001	-	<i>i</i> L
		CID	x .0164	-	<u>2.0</u> L

•	-	•
	4	1
	4	

127

#### VEHICLE DAMAGE SKETCH **ORIGINAL SPECIFICATIONS** WHEEL STEER ANGLES TIRE-WHEEL DAMAGE (For locked front wheels or a. Rotation physically b. Tire Wheelbase cm displaced rear axles only) deflated restricted Overall Length cm Maximum Width **Curb Weight** Within ± 5 degrees Average Track (1) Yes (2) No (8) NA (9) Unk. **DRIVE WHEELS** Front Overhang ØFWD □ RWD □ 4WD Rear Overhang TYPE OF TRANSMISSION **Undeformed End Width Approximate** Engine Size: cyl./displ. Cargo Weight □ Automatic kg

## **MEASUREMENTS IN CENTIMETERS**



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of strictions, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

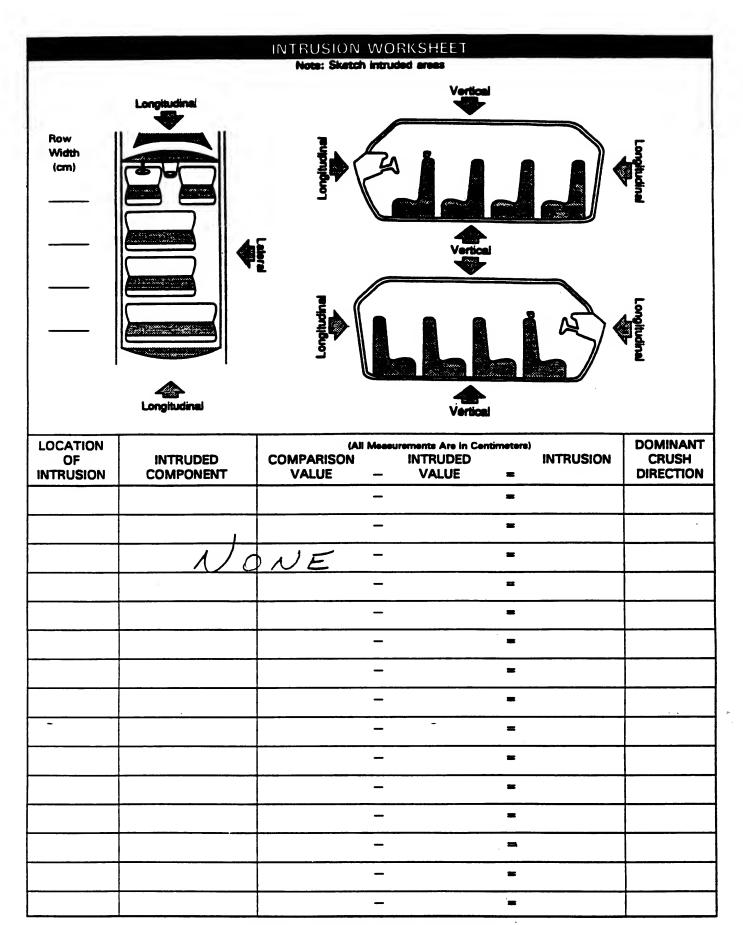
			CDC V	VORKSHE	31			
		C	ODES FOR O	BJECT CON	TACTED			
(01-30)	- Vehicle Nu	mber		(58	) Fence ) Wall			
Noncoll					) Buildin			
	Overturn - ro			•	)) Ditch o			
	Fire or explosi	ion			) Ground			
	Jackknife				2) Fire hy	drant		
(34)	Other intrauni	t damage (specif	y):		3) Curb			
		<u>.                                    </u>			) Bridge		:6.1.	
	Noncollision in			(6)	o) Other	fixed object (s	ресту):	
(38)	Other noncoll	sion (specity):		(69	Unkno	wn fixed obje	ct	
(39)	Noncollision -	– details unknow	'n	Callia	iaa wish (	Nonfixed Obje	<b>*</b>	
0.11:	Marie Elizado					vehicle not in		
	n With Fixed O				2) Pedest		-transport	
	Tree (≤ 10 cr			•	3) Cyclist			
	Tree (> 10 c Shrubbery or					nonmotorist o	r conveyanc	:e
	Embankment	busii						
						e occupant		
(45)	Breakaway po	ole or post (any d	liameter)		3) Anima	i		
				• • •	7) Train			
	akaway Pole o					, disconnecte		
(50)	Pole or post (	≤ 10 cm in diam	neter)			fell from veh		port
(51)	Pole or post ( diameter)	> 10 cm but ≤	30 cm in	(8)	3) Other	nonfixed obje	ct (specify):	
	Pole or post (	> 30 cm in diam		(8	) Unkno	wn nonfixed	object	
(53)	Pole or post (	diameter unknow	/n)	(9)	B) Other	event (specify	<i>(</i> ):	
	Concrete traf							
	Impact attenu	iator parrier (includes (	ouardrail)	(9	9) Unkno	wn event or o	object	
(50)	(specify):			-				
		DEEODMAI	TION CLASS	IFICATION E	V EVENT	NUMBER		
		DEI ORIVIA	TON CLASS					
Accident		(1) (2)			(4) Specific	(5) Specific	(6)	
Event	<b>,</b>	Direction	incremental	(3)		el Vertical or		(7)
Sequence	e Object	of Force	Value of	Deformation	or Lateral	Lateral	Damage	Deformation
Number	Contacted	(degrees)	Shift	Location	Location	Location	Distribution	Extent
01	02	+ 30		F	$\overline{\mathcal{D}}$	<u> </u>	$\overline{\omega}$	01
				<del>-</del> .	-	<del></del>	3	<u></u>
D 2	02	<u>+80</u>			<u> </u>		<u> </u>	01
				-				
								<del></del>
				<del></del>				

		COLLISION	DEFORMA	TION CLAS	SIFICATIO	N			
HIGHEST (	DELTA "V"								
Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent		
4. 0 1	5. <u>0</u> 2	6. <u>O</u> <u>I</u>	7. <u>F</u>	8. <u> </u>	9. <u>E</u>	10. <u>W</u>	11. 0 /		
Second Highest Delta "V"									
12. <u>0</u> 2	13. <u>0</u> <u>2</u>	14. 0 3	15. <u>R</u>	16. <u> </u>	17. <u>H</u>	18. <u>W</u>	19. 🛆 📗		
		CRUS	SH PROFILE	IN CENTIM	ETERS				
The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)									
HIGHEST	DELTA "V"		•	•					
20. 	21. 				<u>C<sub>6</sub></u>	C <sub>6</sub>	22. 		
140	002	001	003	004 0	050	10	015		
Second Hi	ghest Delta "V	<b>/</b> **							
23. 	24. 	<u>C,</u>			C <sub>6</sub>	C <sub>e</sub>	25. ±D		
							<u>.</u>		
but Not	Cs Documented Coded on The ted File?	<u>O</u> 27.	Researcher's As of Vehicle Dispo (0) Not towed of vehicle dame (1) Towed due to vehicle dame (9) Unknown	osition <u>l</u> due to age to	·	al Wheelbase _Code to the nearest centime Jnknown	2 6 4 eter		
				104	. <u>O</u> inches X 2.	54 <b>- 26</b> 4	centimeters		

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?	34. Fuel Tank-1 Location
(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify):	35. Fuel Tank-2 Location (0) No fuel tank (1) Aft of center of the rear wheels (rear axle)
(Include photograph. of CERTIFICATION	centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle)
PLACARD in case report) (9) Unknown if vehicle is modified .	right side (4) Forward of center of the rear wheels (rear axle) centered
30. Fire Occurrence (0) No fire	<ul><li>(5) Forward of center of the rear wheels (rear axle) left side</li><li>(6) Forward of center of the rear wheels (rear</li></ul>
Yes, fire occurred (1) Minor (2) Major (9) Unknown	axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify):
	(9) Unknown
31. Origin of Fire (0) No fire (1) Vehicle exterior (front, side, back, top)	36. Fuel Tank-1 Filler Cap Location
(2) Exhaust system (3) Fuel tank (and other fuel retention system parts)	37. Fuel Tank-2 Filler Cap Location (0) No fuel tank (1) On back plane
(4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel	(2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on
(7) Passenger compartment area (8) Other location (specify):	right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane
(9) Unknown AIR bag	(5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle)
32. Type of Fuel Tank-1	on left side plane (7) Over the center of the rear wheels (rear axle)
33. Type of Fuel Tank-2 (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic	on right side plane (8) Other (specify): (9) Unknown
(9) Unknown	38. Fuel Tank-1 Damage
	39. Fuel Tank-2 Damage (0) No fuel tank (1) No damage to fuel tank
	(2) Deformed, no seam failure (3) Deformed, with a seam failure
	(4) Punctured (5) Lacerated (ripped)
	(6) Abraded (scraped) (7) Filler neck separation from the fuel tank
	(8) Other damage (specify):
	(9) Unknown

41. Location (0) No (1) No (1) No (2) Ta (3) Fill (4) Ca (5) Lin (6) Ve (8) Ot (9) Un (42. Fuel Ty	er neck p les/pump/filter int/emission recovery her (specify): lknown	0100	Two (0)  Yes (1) (2)	is Vehicle Equipped With More Than Fuel Tanks? No (one or two tanks only)  - More Than Two Tanks Yes no damage to any tank or filler cap and no fuel system leakage Yes no damage to any tank or filler cap but there is fuel system leakage (specify leakage location):  Yes damage to an additional tank or filler cap and there is fuel system leakage (specify the following): Type of tank Tank location Filler cap location Tank damage Location of leakage Type of fuel Unknown if more than two tanks
(01) Ga (02) Did (03) CN (04) LP kn (05) LN (06) Me (07) Ett (08) Ot  Electric Powere (10) Lec (11) Nic (12) Nic (13) So (14) So (18) Ot  (98) Ot  (99) Un	esel IG (Compressed Natural Gas) G (Liquid Petroleum Gas) also own as Propane G (Liquid Natural Gas) ethanol (M100 or M85) hanol (E100 or E85) her (Hydrogen or others) (specify  Powered or Electric/Solar d Vehicles ad Acid Battery ckel-Iron Battery ckel-Cadmium Battery dium Metal Chloride Battery dium Sulfur Battery her (Specify): her Hybrid (specify):	VEHICLE W		TOWED AND WAS NOT AN AOPS *** LETE THE INTERIOR VEHICLE FORM.

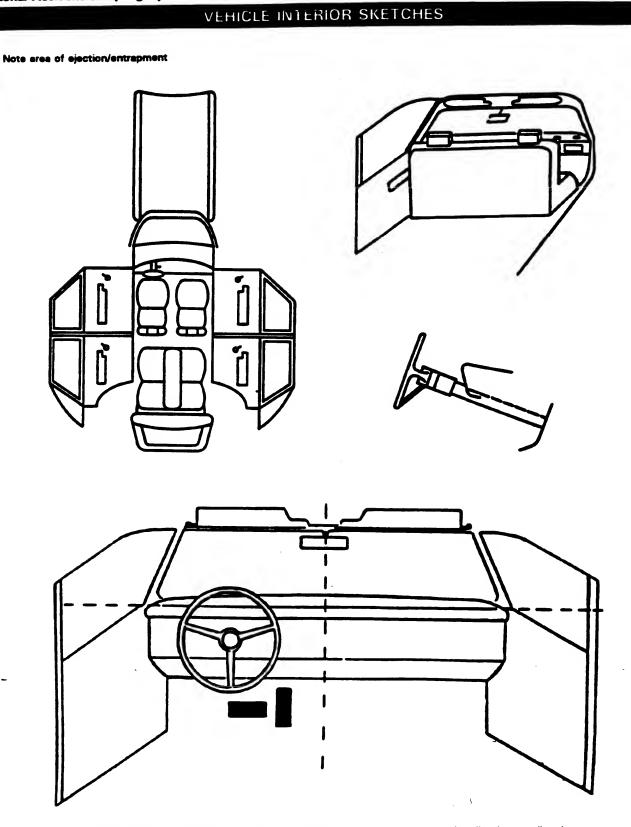
Administration	Contained Life System
/ Λ	GLAZING
1. Finitely Sampling State Teamset	Glazing Damage from Impact Forces
2. Case Number - Stratum 9416	15. WS <u>0</u> 16. LF <u>0</u> 17. RF <u>0</u> 18. LR <u>0</u> 19. RR <u>0</u>
3. Vehicle Number	20. BL <u>O</u> 21. Roof <u></u> 22. Other <u></u> 8
INTEGRITY	(0) No glazing damage from impact forces
4. Passenger Compartment Integrity (00) No integrity loss	(2) Glazing in place and cracked from impact forces (3) Glazing in place and holed from impact forces (4) Glazing out-of-place (cracked or not) and not holed from impact forces
Yee, Integrity Was Lost Through (01) Windshield	(5) Glazing out-of-place and holed from impact forces (6) Glazing disintegrated from impact forces
(02) Door (side)	(7) Glazing removed prior to accident
(03) Door/hetch (back door)	(8) No glazing
(O4) Roof	(9) Unknown if damaged
(05) Roof glees (06) Side window	
(07) Rear window (backlight)	Glazing Damage from Occupant Contact
(08) Roof end roof glass (09) Windehield end door (side)	23. WS <u>O</u> 24. LF <u>O</u> 25. RF <u>O</u> 26. LR <u>O</u> 27. RR <u>O</u>
(10) Windehield and roof	28. BL
(11) Side and reer window (side window and backlight)	20. BL 23. NOOI 2 30. Other
(12) Windehield and side window	(0) No occupant contact to glazing or no glazing
(13) Door and side window (98) Other combination of above (specify):	(1) Glazing contacted by occupant but no glazing damage
100) Other Commission of Speciality.	(2) Glazing in place and cracked by occupant contact
(99) Unknown	(3) Glazing in place and holed by occupant contact (4) Glazing out-of-place (cracked or not) by occupant
	contact and not holed by occupant contact
	(5) Glazing out-of-place by occupant contact and holed by
Door Tolleges of Hetch Openies	occupent contact
Door, Tailgate or Hatch Opening	(6) Glazing disintegrated by occupant contact
5. LF / 6. RF / 7. LR / 8. RR / 9. TG/H	(9) Unknown if contacted by occupant
	If No Glazing Damage And No Occupant Contact or No
(0) No door/gate/hetch (1) Door/gate/hetch remained closed and operational	Glazing, Then Code IV31 Through IV46 As Ø
(2) Door/gate/hatch came open during collision	
(3) Door/gate/hatch jemmed shut	Type of Window/Windshield Glazing
(8) Other (specify):	31. WS 0 32. LF 6 33. RF 0 34. LR 0 35. RR
(9) Unknown	
	36. BL <u>O</u> 37. Roof <u>O</u> 38. Other <u>O</u>
	(O) No glazing contact and no damage, or no glazing
Damage/Failure Associated with Door, Tailgate or Hatch	(1) AS-1 — Laminated
Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø	(2) AS-2 — Tempered (3) AS-3 — Tempered-tinted
10. LF 11. RF 12. LR 13. RR 14. TG/H	(4) AS-14 — Glass/Plastic
10. LTO 11. NF - 12. LTO 13. NTO 14. 10/10	(8) Other (specify):
(O) No door/gate/hatch or door not opened	(9) Unknown
Door, Tailgate or Hatch Came Open During Collision	
(1) Door operational (no damage)	Window Precrash Glazing Status
(2) Latch/striker failure due to damege	
(3) Hinge failure due to damage (4) Door structure failure due to damage	39. WS <u>0</u> 40. LF <u>0</u> 41. RF <u>0</u> 42. LR <u>0</u> 43. RR <u>0</u>
(4) Door structure raisure due to damage (5) Door support (i.e., piller, sill, roof side rail,	44. BL 0 45. Roof 0 46. Other 0
etc.) failure due to damage	44. SL 0 45. NOO! 0 40. Ulite! 0
(6) Latch/striker and hinge failure due to damage	(0) No glazing contact and no damage, or no glazing
(S) Other failure (specify):	(1) Fixed
10.11	(2) Closed
(9) Unknown	(3) Partially opened
	(4) Fully opened (9) Unknown



		occu	PANT AR	EA INTRUSION
Note: If no intrusio	ns, leave variable	s IV47-IV	86 blank.	INTRUDING COMPONENT
			Dominent	Interior Components
Location of	intruding h		Crush	(01) Steering assembly
Intrusion	Component s	Intrusion	Direction	(02) Instrument panel left
				(03) Instrument panel center
				(04) Instrument panel right
st 47.	48.	49.	50	(05) Toe pan
				(06) A (A1/A2)-pillar
				(07) B-pillar
				(08) C-pillar
nd 51	52	53	54	(09) D-pillar
<del></del> <del></del>				(10) Door panel (side)
				(12) Roof (or convertible top)
			4-	(13) Roof side rail
d 55	_ 56	<b>57</b>	58	(14) Windshield
				(15) Windshield header
				(16) Window frame
				(17) Floor pan (includes sill)
th 59	60.	61.	62.	(18) Backlight header
				(19) Front seat back
				(20) Second seat back
th 63.	64.	<b>65</b> .	66.	(21) Third seat back
···				(22) Fourth seat back
				(23) Fifth seat back
				(24) Seat cushion
L 67	68.	60	70	(25) Back door/panel (e.g., tailgate)
<u> </u>	_ 00	03	<b>7</b> 0	(26) Other interior component (specify):
				• • • • • • • • • • • • • • • • • • • •
				(27) Side panel - forward of the A (A2)-pill
4 71	70	72	74	(28) Side panel - rear of the A (A2)-pillar
th 71	_ /2	/3	/4	120, 2.20 parior 100. 2. 010 / 1/12/ piner
				Exterior Components
				(30) Hood
th 75	76	77	78	(31) Outside surface of this vehicle (specif
	_			400) 01
				(32) Other exterior object in the environme
	<b>C</b> 5			(specify):
th 79	_ 80	81	82	(33) Unknown exterior object
				(97) Catastrophic
				(98) Intrusion of unlisted component(s)
				(specify):
th 63.	_ 84	<b>85</b> .	86.	(99) Unknown
CATION OF INT	RUSION			MAGNITUDE OF INTRUSION
				(1) ≥ 3 centimeters but < 8 centimeters
Front Seat	Fourth Se	eat		(2) ≥ 8 centimeters but < 15 centimeters
(11) Left	(41) L	eft		(3) ≥ 15 centimeters but < 30 centimeters
(12) Middle				(4) ≥ 30 centimeters but < 46 centimeter
(13) Right	(43) R			
1.0,	(30) 11			(5) ≥ 46 centimeters but < 61 centimeter
Second Seat	1971	atastroph	nic	(6) ≥ 61 centimeters
(21) Left		ther encl		(7) Catastrophic
				(9) Unknown
(22) Middle	8	rea (spec	ii <b>y</b> /	
(23) Right	,aa. =			
	(99) U	Inknown		DOMINANT CRUSH DIRECTION
Third Seat				(1) Vertical
(31) Left				(2) Longitudinal
(32) Middle				
(33) <b>Right</b>				(3) Lateral
				(7) Catastrophic
				(9) Unknown

	(All	Mesourements Are in Centimete	re)		
COMPARISON VALUE	-	DAMAGE VALUE	-	DEFORMATION	
	-		=		
			=		
	-		8		
	_	*	8		
		-			
				•	

Reports Accident Sampling System-Crashes			
STEERING COLUMN		93. Location of Steering Rim/Spoke	ا ٥ ه
87. Steering Column Type (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify): (9) Unknown		(00) No steering rim deformation  **Counter Sections** (01) Section A (02) Section B (03) Section C (04) Section D  **Half Sections**	B
	~ ~	(05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke	
88. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	XX	(09) Complete steering wheel collapse (10) Undetermined location (99) Unknown	
		INSTRUMENT PANEL	
89. Blank (This variable is left blank	XXX	94. Odometer Reading	<u>8</u> ,000
so that numbering consistency can be maintained with the 1988-94 CDS.		kilometers—Code to the nearest 1,000 kilometers (000) No odometer (001) Less than 1,500 kilometers (500) 499,500 kilometers or more (999) Unknown	
90. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	XXX		2 Islamatura
91. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	XXX	95. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown	<u>o</u>
92. Steering Rim/Spoke Deformation  Code actual measured  deformation to the nearest centimeter (00) No steering rim deformation (01-14) Actual measured value in cent	<u>O</u> O	96. Knee Bolsters Deformed from Occupant Contact? (0) No (1) Yes (8) Not present (9) Unknown	<u>0</u>
(15) 15 centimeters or more (98) Observed deformation cannot be (99) Unknown		97. Did Glove Compartment Door Open During Collision(s)? (0) No (1) Yes (8) Not present (9) Unknown	0



Sketch windshield contact(s) and the damaged area(s) on the instrument penel outline (s.g., radio, glove compartment, damage to instrument panel structure.

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

(9) Unknown

			1	Body				Confidence
Contac	Interior Component Contacted	Occupant No. If Known	R	egion If nown	Supporting Physical Evidence			Level of Contact Point
A								
В			+					
								-
С								
D								
E								
F								
G			+					
Н						*		
			+					
					×			
J								-
K			<del> </del>					
L					<u> </u>			
М								
N								
(04) S	Sunvisor Steering wheel rim Steering wheel hub/spo	ke		Left side v	window glass or frame window glass including are of the following:	• •	Other interior obje	
	Steering wheel hub/spo Steering wheel (combin				re of the following: ndow sill, A (A1/A2)-pillar,	(49)	Other Intenor Obje	ect (specity):
	of codes 04 and 05)			B-piller, or	root side reil.			
	Steering column, transm relactor lever, other att		(27)	Other left	side object (specify):	ROOF (50)	Front header	
	lelector lever, other att Add on equipment (e.g.		(28)	Left side v	window sill	(51)	Rear header	
d	lack, air conditioner)					(52)	Roof left side rail Roof right side ra	24
,, -	.eft instrument panel si Center instrument pane		RIGHT :		interior surface,	(53) (54)	Roof or convertib	
	Right instrument panel		,,,,,		hardware or armrests	••		•
	Slove compertment doc			_	hardware or ermrest	FLOOR		
	(nee boleter		(32)		\1/A2)-piller		Floor (including to	•
	Mindshield including on of the following: front h		(33) (34)		nt piller (specify):	,0,,	transmission leve	
	A (A1/A2)-piller, instrur						console	
	mirror, or steering asse	mbly (driver		•	window glass or frame	••	Perking brake has Foot controls incl	
	side only) Afadabiold including on		(36)	•	window glass including ore of the following:	(69)	brake	during perking
	Mindshield including on of the following: front h				ndow sill, A (A1/A2)-piller,		576	
	A (A1/A2)-pillar, instrum			-	r roof eide rail.	REAR		
•	mirror (passenger side (	only)	(37)	Other righ	nt side object (specify):	(60)	• .	
	Driver side air beg com	partment	(20)	Dinha aida		(61) (62)	Becklight storage Other rear object	
	cover Passanger side eir beg		(35)	Mynt side	window sill	102)		
	compartment cover		INTERI	OR				
	Windshield reinforced b	y exterior		Seat, bac				
	object (specify):				eint webbing/buckls		00151551105	EVEL 07
(19)	Other front object (spec	ci <b>fy</b> ):	(42)	Belt restre	•	1	CONFIDENCE L	
-			(43)		nt point traint system component	1	JUNIAGI	
EFT SID	E		,,,,,,	(specify):	•		(1) Certein	1
	Left side interior surfec	<b>s,</b> .			traint system		(2) Probab	
	excluding hardwara or		(45)		ues codes "16" end "17"	1	(3) Possibl (9) Unkno	
	eft eide herdwere or e			Tor inhine	s sustained from air beg		INI LIMENO	

for injuries sustained from air bag

compartment covers)

(21) Left side hardwara or ermreet(22) Left A (A1/A2)-piller

#### **AUTOMATIC RESTRAINTS** NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form. **AIR BAGS** Right Left Availability/Function Deployment R S Failure Are There Indications of Air Beg Air Beg System Deployment Air Beg System Availability/Function System Feiture? (O) Not equipped/not available (O) Not equipped/not evailable (0) Not equipped/not evailable Air beg deployed during accident (1) Air beg (as a result of impact) (1) No (2) Yes sepecify): Intlater Started (2) Air bag deployed inadvertently just Non-functional prior to accident (2) Air beg disconnected (specify): (3) Air beg deployed, accident sequence undetermined (3) Air bag not reinstalled (4) Nondeployed (9) Unknown (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Linknown **AUTOMATIC BELTS** Left Right Availability/Function F Use R Type S **Proper Use Failure Modes** Proper Use of Automatic (Passive) Belt Automatic (Passive) Balt Failure Modes Autometic (Pessive) Belt System **During Accident Availability/Function** System (0) Not equipped/not available/not used (O) Not equipped/not available (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (1) Automatic belt used properly (1) 2 point automatic belts (2) Autometic belt used properly with (2) Torn webbing (stretched webbing not (2) 3 point eutomatic belts included) (3) Automatic belts - type unknown child safety seet (3) Broken buckle or latchplate Automatic Belt Used Improperly (4) Upper anchorage esparated Non-functional (5) Other anchorage separated (specify): (3) Automatic shoulder belt worn under (4) Automatic belts destroyed or rendered inoperative em (9) Unknown Automatic shoulder belt worn behind (6) Broken retrector (7) Combination of above (specify): back (8) Other automatic belt failure (specify): Automatic (Passive) Belt System Use (5) Automatic belt worn eround more (0) Not equipped/not available/destroyed than one person (9) Unknown or rendered inoperative (6) Lap portion of automatic belt worn (1) Automatic belt in use on abdoman (7) Automatic lap end shoulder belt or (2) Automatic belt not in use (manually automatic shoulder belt used disconnected, motorized track inoperative) improperly (3) Automatic belt use unknown with child safety seat (specify): (9) Unknown (8) Other improper use of automatic belt Autometic (Passive) Balt System Type system (O) Not equipped/not evailable (specify): (1) Non-motorized system (9) Unknown (2) Motorized system (9) Unknown

#### MANUAL RESTRAINTS

NOTES: Encode the applicable data for each sest position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous DAGE.

	page.	Left	Center	Right
		//	Center	//
F	Availability	7	U	7,
ì	Evidence of usage	04		04.
R	Used in this crash?	04		04
S	Proper Use			
	Failure Modes			
6	Availability	4	3	4
Ē	Evidence of usage	04	00	04
SECO	Used in this crash?	00	00	60
N	Proper Use	0	0	0
D	Failure Modes	0	0	0
0 T H	Availability			
	Evidence of usage			
	Used in this crash?			
E R	Proper Use			
ĸ	Failure Modes			

		_	
Manual	(Activa)	Relt System	Availability

- None available
- Belt removed/destroyed (1)
- Shoulder belt (2)
- (3) Lap belt
- Lap and shoulder belt
- (5) Belt available type unknown

#### Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

#### Manual (Active) Belt System Use

- (00) None used, not available, or belt
- removed/destroyed
- (O1) Inoperable (specify):
- (02) Shoulder belt
- (03)Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat -
- type unknown
- (18) Other belt used with child safety seat
- (specify):
- (99) Unknown if belt used

#### Proper Use of Manual (Active) Belts

- (O) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

#### Beit Used Improperly

- (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
  (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

#### Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

the	occupant's number using the codes listed belo	ant's number in the first row and complete the column below bw. Complete a column for each child safety seat present.
Oc	cupant Number	
	Type of Child Safety Seat	
2.	Child Safety Seat Orientation	
3.	Child Safety Seat Harness Usage	
4.	Child Safety Seat Shield Usage	
5.	Child Safety Seat Tether Usage	
6.	Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat
1.	Type of Child Safety Seat	3. Child Safety Seat Harness Usage
	(0) No child safety seat (1) Infant seat	4. Child Safety Seat Shield Usage
	(2) Toddler seat	5. Child Safety Seat Tether Usage
	(3) Convertible seat	Note: Options Below Are Used for Variables 3-
	<ul><li>(4) Booster seat</li><li>(7) Other type child safety seat (specify):</li></ul>	(00) No child safety seat
	(8) Unknown child safety seat type (9) Unknown if child safety seat used	Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether added, not used
2.	Child Safety Seat Orientation	(02) After market harness/shield/tether used (03) Child safety seat used, but no after market
	(00) No child safety seat	harness/shield/tether added
	Designed for Rear Facing for This Age/Weight	(09) Unknown if harness/shield/tether added or used
	(01) Rear facing	80060 01 0300
	(02) Forward facing	Designed With Harness/Shield/Tether
	(08) Other orientation (specify):	(11) Harness/shield/tether not used
	(09) Unknown orientation	<ul><li>(12) Harness/shield/tether used</li><li>(19) Unknown if harness/shield/tether used</li></ul>
	Designed for Forward Facing for This	Unknown If Designed With Harness/Shield/Teth
	Age/Weight	(21) Harness/shield/tether not used (22) Harness/shield/tether used
-	(11) Rear facing (12) Forward facing	(22) Harness/snield/tether used (29) Unknown if harness/shield/tether used
	(18) Other orientation (specify):	(99) Unknown if child safety seat used
	(19) Unknown orientation	6. Child Safety Seat Make/Model
	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing	(Specify make/model and occupant number)
	(22) Forward facing	
	(28) Other orientation (specify):	. \
	(29) Unknown orientation	
	(99) Unknown if child safety seat used	T .

### HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
<b>E</b>	Head Restraint Type/Damage	3	٥	3
I	Seat Type	02		02
R S	Seat Performance	1		/
ı	Seat Orientation	11		/
S	Head Restraint Type/Damage	1	0	1
SEC	Seat Type	05	05	05
0 0	Seat Performance		1	1
Ď	Seat Orientation	<b>,</b>		1
Т	Head Restraint Type/Damage			
Ĥ	Seat Type			
Ř	Seat Performance			
D	Seat Orientation			
0	Head Restraint Type/Damage			
Ť	Seat Type			
E	Seat Performance			
R	Seat Orientation			

#### Head Restraint Type/Damage by Occupant at This Occupant Position

- No head restraints
- (1) Integral no damage (2) Integral damaged during accident
- (3) Adjustable no damage (4) Adjustable damaged during accident
- (5)
- Add-on no damage Add-on damaged during accident
- (8) Other Specify):
- (9) Unknown

#### Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

#### Seat Performance (this Occupant Position)

- (O) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
  (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

#### Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

#### DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

E	JECTION ENTR	RAPMENT DA	TA						
Complete the following if the research in the vehicle. Code the appropriate	er has any indication data on the Occup	on that an occupant ant Assessment F	t was either ejected f orm.	rom or entrapped					
EJECTION No [X] Yes [ ]  Describe indications of ejection and body parts involved in partial ejection(s):									
Occupant Number									
Ejection									
(Note on Vehicle Interior Sketch) Ejection Area									
Ejection Medium									
Medium Status									
Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown  Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	(9) Unknown  Ejection Medium (1) Door/hatch (2) Nonfixed re (3) Fixed glazi	:.) (specify): n/tailgate oof structure	(5) Integral str (8) Other med (9) Unknown Medium Status to impact) (1) Open (2) Closed (3) Integral str (9) Unknown	ium (specify):					
ENTRAPMENT No [X] Yes  Describe entrapment mechanism:									
			. 1						
Component(s):	7								
(Note in vehicle interior diagram)			-						

# Appendix E:

NASS CDS VEHICLE FORMS: VEHICLE #2

National Highway Traffic Safety

# **GENERAL VEHICLE FORM**

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

	istration	CRASHWORTHINESS DATA SYSTE
<ul><li>2.</li><li>3.</li><li>4.</li><li>5.</li></ul>	Primary Sampling Unit Number  Case Number - Stratum  Vehicle Number  VEHICLE IDENTIFICATION  Vehicle Model Year Code the last two digits of the model year (99) Unknown  Vehicle Make (specify)  Applicable codes are found in Your NASS Data Collection, Coding and Editing Manual. (99) Unknown	Note: See variables 37 through 55
	Vehicle Model (specify):  OMNI  Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.  (999) Unknown	13. Speed Limit (000) No statutory limit Code posted or statutory speed limit in kph (999) Unknown
	Body Type Note: Applicable codes may be found on the back of this page.	2 5 mph x 1.6093 = 040 kph  14. Attempted Avoidance Maneuver (01) No avoidance actions (02) Praking (no lockup)
	Vehicle Identification Number  B3B248C9GD  2 3 4 6 6 7 8 9 10 11 12 13 14 16 16 15	(02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right
	Left justify; Slash zeros and letter Z (∅ and ℥) No VIN—Code all zeros Unknown—Code all nines OFFICIAL RECORDS	(08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right
	Police Reported Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown	(97) No driver present (98) Other action (specify): (99) Unknown
	Police Reported Travel Speed  Q 9 9  Code to the nearest kph (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown	15. Accident Type Applicable codes may be found on the back of page two of this field form (CO) No impact Code the number of the diagram that best describes 1 ie accident circumstance (98) Other accident type (specify):  (99) Unknown
	mph X 1.6093 = $kph$	1

	OCCUPANT RELATED	24. Rollover	
16	Driver Presence in Vehicle	(0) No rollover (no overturning)	-
10.	(0) Driver not present	But the standard to the standard to the	
	(1) Driver present	Rollover (primarily about the longitudinal axis) (1) Rollover, 1 quarter turn only	
	(9) Unknown	(1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns	
	5 A	(3) Rollover, 3 quarter turns	
17.	Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle	(4) Rollover, 4 or more quarter turns (specify):	
	(97) 97 or more (99) Unknown	(5) Rolloverend-over-end (i.e., primarily	Ì
	(99) OIKIIOWII	about the lateral axis)	
10	Number of Occupant Forms Submitted 5 2	(9) Rollover (overturn), details unknown	l
10.	Number of Occupant Forms Submitted	OVERDINE !! INDERDINE /TUIC VEHICLE)	
	VEHICLE WEIGHT ITEMS	OVERRIDE/UNDERRIDE (THIS VEHICLE)	
19.	Vehicle Curb Weight	25. Front Override/Underride (this Vehicle)	-
	10 kilograms. (045) Less than 450 kilograms	26. Rear Override/Underride (this Vehicle)	_
	(610) 6,100 kilograms or more	(0) No override/underride, or	
	(999) Unknown	not an end-to-end impact	J
	2.211 lbs x .4536 = $1.003$ kgs	Override (see energific CDO)	ı
	Source:	Override (see specific CDC) (1) 1st CDC	
	Jource.	(2) 2nd CDC	Ì
20	Vehicle Cargo Weight	(3) Other not automated CDC (specify):	ı
20.	Code weight to nearest		
	10 kilograms.	Underride (see specific CDC)	
	(000) Less than 5 kilograms (450) 4,500 kilograms or more	(4) 1st CDC	
	(999) Unknown	(5) 2nd CDC	.
	lbs X .4536 =, kgs	(6) Other not automated CDC (specify):	
	RECONSTRUCTION DATA	(7) Madism/hanssands on his more de-	
-		(7) Medium/heavy truck or bus override (9) Unknown	
21.	Towed Trailing Unit (0) No towed unit	- (6)	
	(1) Yes—towed trailing unit	HEADING ANGLE AT IMPACT FOR	
	(9) Unknown	HIGHEST DELTA V	
20	December of Toniones - December -	Values: (000)-(359) Code actual value	
22.	Documentation of Trajectory Data for This Vehicle	(997) Noncollision	
	(O) No	(998) Impact with object	-
-	(1) Yes	- (999) Unknown	
23.	Post Collision Condition of Tree or Pole	27. Heading Angle For This Vehicle 0 9 0	2
	(For Highest Delta V)	28. Heading Angle For Other Vehicle 168	3
	(0) Not collision (for highest delta V) with tree or pole	20. Heading Angle For Other Vehicle 7 0 5	_
	(1) Not damaged		
	(2) Cracked/sheared (3) Tilted < 45 degrees		
	(4) Tilted ≥45 degrees	, i	
ľ	(5) Uprooted tree		
	(6) Separated pole from base (7) Pole replaced	·	
	(8) Other (specify):	,	
	(9) Unknown	<u> </u>	

29. Basis for Total Delta V (highest)  Delta V Calculated (1) CRASH program—damage only routine (2) CRASH program—damage and trajectory routine (3) Missing vehicle algorithm  Delta V Not Calculated (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions. (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data. (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.  COMPUTER GENERATED DELTA V  Highest  Nearest kph (highest)	Highest  32. Lateral Component of Delta V O O O O O O O _
Nearest kph (secondary)  (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown  31. Longitudinal Component of Polta V Po	35. Type of Vehicle Inspection (0) No inspection (1) Complete inspection (2) Partial inspection (specify):  36. Is this an AOPS Vehicle? (0) No (1) Yes - researcher determined (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic (passive) belts
	THIS VEHICLE? [ ] YES [ / ] NO AM SUMMARY INCLUDED? [ ] YES [ ] NO

37. Police Reported Other Drug Presence (0) No other drug(s) present (1) Yes [other drug(s) present] (7) Not reported (8) No driver present (9) Unknown	DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER  DEC Specimen Test Test Results Results Narcotic Drug 40. 0 41. 0 Depressant Drug 42. 0 43. 0 Stimulant Drug 44. 0 45. 0
38. Police Reported Drug Evaluation Classification (DEC) Test For Driver (0) No DEC process available or given (1) DEC process given, results known (2) DEC process given, results unknown (3) DEC process available, unknown if given (8) No driver present	Stimulant Drug 44. 0 45. 0 Hallucinogen Drug 46. 0 47. 0 C nabinoid Drug 48. 0 49. 0 Phencyclidine (PCP) 50. 0 51. 0 Inhalant Drug 52. 0 53. 0 Other Drug (Excluding 54. 0 55. 0 Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)  Codes For DEC Test Results
39. Other Drug Specimen Test Type For Driver (0) No specimen test given (1) Blood test (2) Urine test (3) Other specimen tests (specify):  (7) Unspecified specimen test (8) No driver present (9) Unknown if specimen test given	<ul> <li>(0) No DEC test given</li> <li>(1) Passed DEC test</li> <li>(2) Failed DEC test</li> <li>(3) DEC test given—results unknown</li> <li>(8) No driver present</li> <li>(9) Unknown if DEC test given</li> <li>Codes for Specimen Test Results</li> <li>(0) No specimen test given</li> <li>(1) Drug not found in specimen</li> <li>(2) Drug found in specimen</li> <li>(7) Specimen test given, results unknown or not obtained</li> <li>(8) No driver present</li> <li>(9) Unknown if specimen test given</li> </ul>
	-

OTHER DATA	61. Rollover Initiation Object Contacted
66. Driver's Zip Code  (00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied  (0) No rollover (1) Wheels/tires (2) Side plane
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	(3) End plane (4) Undercarriage (5) Other location on vehicle (specify):  (8) Non-contact rollover forces (specify):  (9) Unknown
(9) Unknown  58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance	(0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction
(7) Fire truck or car	PRECRASH DATA
(8) Other (specify):(9) Unknown	64. Pre-Event Movement (Prior to Recognition of Critical Event)
ROLLOVER DATA	
If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9.	<ul> <li>(01) Going straight</li> <li>(02) Slowing or stopping in traffic lane</li> <li>(03) Starting in traffic lane</li> <li>(04) Stopped in traffic lane</li> <li>(05) Passing or overtaking another vehicle</li> </ul>
59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): (9) Unknown rollover initiation type	<ul> <li>(06) Disabled or parked in travel lane</li> <li>(07) Leaving a parking position</li> <li>(08) Entering a parking position</li> <li>(09) Turning right</li> <li>(10) Turning left</li> <li>(11) Making a U-turn</li> <li>(12) Backing up (other than for parking position)</li> <li>(13) Negotiating a curve</li> <li>(14) Changing lanes</li> <li>(15) Merging</li> <li>(16) Successful avoidance maneuver to a previous critical event</li> <li>(97) Other (specify):</li> </ul>
60. Location of Rollover Initiation	(98) No driver present (99) Unknown
<ul> <li>(0) No rollover</li> <li>(1) On roadway</li> <li>(2) On shoulder—paved</li> <li>(3) On shoulder—unpaved</li> <li>(4) On roadside or divided trafficway median</li> <li>(9) Unknown</li> </ul>	

#### PRECRASH DATA (Continued) Pedestrian or Pedalcyclist, or Other Nonmotorist 65. Critical Precrash Event (80) Pedestrian in roadway (81) Pedestrian approaching roadway This Vehicle Loss of Control Due To: (82) Pedestrian-unknown location (01) Blow out or flat tire (83) Pedalcyclist or other nonmotorist in roadway (02) Stalled engine (specify): (03) Disabling vehicle failure (e.g., wheel fell off) (84) Pedalcyclist or other nonmotorist approaching (O4) Non-disabling vehicle problem (e.g., hood flew roadway (specify): (85) Pedalcyclist or other nonmotorist—unknown up) (specify): (05) Poor road conditions (puddle, pot hole, ice, etc.) location (specify): (specify): Object or Animal (06) Traveling too fast for conditions (08) Other cause of control loss (specify): (87) Animal in roadway (88) Animal approaching roadway (09) Unknown cause of control loss (89) Animal-unknown location (90) Object in roadway (91) Object approaching roadway This Vehicle Traveling . (10) Over the lane line on left side of travel lane (92) Object—unknown location (11) Over the lane line on right side of travel lane (12) Off the edge of the road on the left side (98) Other critical precrash event (specify): (13) Off the edge of the road on the right side (99) Unknown (14) End departure (15) Turning left at intersection (16) Turning right at intersection (17) Crossing over (passing through) intersection For Corrective Actions Attempted see variable GV14 (19) Unknown travel direction (Attemped Avoidance Manuever) Other Motor Vehicle In Lane (50) Stopped 0 66. Precrash Stability After Avoidance Maneuver (51) Traveling in same direction with lower speed (0) No avoidance maneuver (i.e., lower steady speed or decelerating) (1) Tracking (52) Traveling in same direction with higher speed (2) Skidding longitudinally-rotation less than 30 (53) Traveling in opposite direction degrees (54) In crossover (3) Skidding laterally-clockwise rotation (55) Backing (4) Skidding laterally - counterclockwise rotation (59) Unknown travel direction of other motor vehicle (7) Other vehicle loss-of-control (specify): in lane (8) No driver present Other Motor Vehicle Encroaching Into Lane (60) From adjacent lane (same direction)—over left (9) Precrash stability unknown lane line (61) From adjacent lane (same direction)—over right lane line 67. Precrash Directional Consequences of (62) From opposite direction—over left lane line Avoidance Maneuver (Corrective Action) (63) From opposite direction—over right lane line (O) No avoidance maneuver (64) From parking lane (1) Vehicle stayed in travel lane where avoidance (65) From crossing street, turning into same maneuver was initiated direction (2) Vehicle stayed on roadway but left travel lane (66) From crossing street, across path where avoidance maneuver was initiated (67) From crossing street, turning into opposite (3) Vehicle stayed on roadway, not known if left direction travel lane where avoidance maneuver was (68) From crossing street, intended path not known (70) From driveway, turning into same direction initiated (71) From driveway, across pat 1 (4) Vehicle departed roadway (72) From driveway, turning into opposite direction (5) Avoidance maneuver initiated off roadway (73) From driveway, intended path not known (8) No driver present (74) From entrance to limited access highway (9) Directional consequences unknown (78) Encroachment by other vehicle-details unknown \*\*\* IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), \*\*\*

\*\*\* IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), \*\*\* DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

\*\*\* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE \*\*\*
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



S. Department of Transportati tional Highway Traffic Safety Iministration	EXTERIOR VE	HICLE F		AMPLING SYSTEM SS DATA SYSTEM		
Primary Sampling U     Case Number - Stra	$\alpha \cup \beta \cup \beta$	3. Vehicle	Number		0	2
	VEHICLE IDE	VTIFICATI	ON			
VIN $IB3B$	748C9GD DODGE	Vehicle f	Model (specify):	00	Year <u>8</u> .	6
	LOCA	TOR				
ocate the end of the derivative an undamaged axle to	amage with respect to the vehicle for side impacts.	longitudinal				pacts
Specific Impact No.	Location of Direct Dama	ge	3cm BACKLO	cation of Field	PC	
02	DBC37cm back to 51 cm forward of LI		AhovE 31	// . m.D	DOOR	fen
	CRUSH PROFILE	IN CENTIN	IETERS			
IOTES: Identify the pl sill, etc.) and	ane at which the C-measurements label adjustments (e.g., free space	s are taken (	e.g., at bumper,	above bumpe	er, at sill,	above
Measure and	document on the vehicle diagram	the location	of maximum cru	ısh.		
Measure C1 to	o C6 from driver to passenger side	e in front or	rear impacts and	d rear to front	in side	

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion,

Use as many lines/columns as necessary to describe each damage profile.

side taper, etc. Record the value for each C-measurement and maximum crush.

Specific DIA		Direct D	amage	Eigla			MAX					l
Impact Number	Plane of Impact C-Measurements	Width (CDC)	Max Crush	Field L	C,	C <sub>2</sub>	WYX	C <sub>4</sub>	C <sup>e</sup>	C.	±D	
01	MID DOOR	123	23	180cm	0	8	23	//	12.5	8	1140	Þ.
	FREE SPACE FINAL		1		0	0	1	1	5	6		
	FINAL		22		0	8	22	10	7.5	Ş	1142	١.
02	MID DOOR	63cm	2cm	63cm	h .							
								PS				
			_									
				-								
												]

## ORIGINAL SPECIFICATIONS WORK SHEET

99.1 inches x 2.54 = 252 cm Wheelbase 164.8 inches x 2.54 = 419 cm Overall Length -65.8 inches x 2.54 = 167 cm Maximum Width Curb Weight Average Track  $\frac{56.7}{55.67} - \frac{55.9}{35.67}$  inches x 2.54 =  $\frac{14.2}{9.5}$  cm Front Overhang 36.5 - 33.5 inches x 2.54 = 85 cm

Rear Overhang MV MA \_ Rear Overhang  $\underline{3}$   $\underline{1}$   $\underline{9}$  inches x 2.54 = inches x 2.54 =Undeformed End Width Engine Size: cyl./displ. \_\_\_ \_\_ \_\_\_  $\times$  .001 = /35 cid x .0164 = <u> 2.2</u> L 44

> <32.6 39.5

Hydraulic brokes Manual front dise Steering rear drum

Branham's

	VEHICLE DAMAGE SKETCH	
TIRE—WHEEL DAMAGE a. Rotation physically b. Tire restricted deflated  RF	ORIGINAL SPECIFICATIONS  Wheelbase 252 cm Overall Length 4/9 cm  Maximum Width 167 cm  Curb Weight 1003 kg  Average Track 142 cm  Front Overhang 85 cm  Rear Overhang 81 cm  Undeformed End Width cm  Engine Size: cyl./displ. 4 L	WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)  RF ± o  LF ± o  RR ± o  LR ± o  Within ± 5 degrees  DRIVE WHEELS  FWD □ RWD □ 4WD  Approximate Cargo Weight kg
	MEASUREMENTS IN CENTIMETERS 5	*
	12	
	Original	
	Bumper height	<u>/53</u> J
CRONT LINK	1	
TAKEN OF TAKEN OR SALVAGE		
TAKEIVAGE		Black Scuff
04-		Direct
		DAM
		well & box
	POST CRASH	774
	sumper corner 79.5 247 Stringline	39 Bumper corner Stringline
e III) le	th American	
516	+	
	POST CRASH	
	Stringline 253	35 Bumper cornerStringline

	CDC WORKSHEET									
			С	ODES FOR (	DBJECT CON	ITACTED				
	(01-30)	- Vehicle Nu	ımber		(5)	7) Fence			1	
	,				(5)	B) Wali			1	
	Noncoll	sion			(59	9) Building				
		Overturn - re	oliover		(6)	0) Ditch or	culvert			
	(32)	Fire or explos	ioņ		• -	1) Ground				
	(33)	(33) Jackknife				<ol><li>Fire hyd</li></ol>	rant			
	(34)	Other intrauni	it damage (specif	fy):		3) Curb				
						4) Bridge				
		Noncollision i			(6)	B) Other fix	ked object (s	specity):		
	(38)	Other noncoll	ision (specify):		161	0) 11=1====	- fired abia			
	(20)	Managhiaian	- details unknov		(6:	9) Unknow	n fixed obje	Cl		
	(39)	Noncollision -	- details unknov	vn	Collie	ion with N	onfixed Obje	.c+		
	Callinian Wish Fixed Object					ehicle not in				
	Collision With Fixed Object (41) Tree (≤ 10 cm in diameter)				2) Pedestri		transport			
	(42) Tree (> 10 cm in diameter)				3) Cyclist (					
	(43) Shrubbery or bush				onmotorist a	r convevano	:e			
		Embankment			•	.,				
	, , , ,				(7)	5) Vehicle	occupant			
	(45)	Breakaway po	ole or post (any o	diameter)		6) Animal	•			
					(7	7) Train				
	Nonbrea	akaway Pole o	r Post				disconnected			
			≤ 10 cm in dian				ell from veh			
	(51)		> 10 cm but ≤	30 cm in	(8:	B) Other no	onfixed obje	ct (specify):		
	(52)	diameter) Pole or post (	> 30 cm in dian	neter)	(8	(89) Unknown nonfixed object				
	(53)	Pole or post (	diameter unknov	vn)	(98) Other event (specify):					
	(54)	Concrete traff	fic barrier							
		Impact attenu			(9	9) Unknow	n event or o	object .		
	(56)	(specify):	barrier (includes (	guardraii)	_					
_						EVENIT A				
			DEFORMA	HON CLASS	IFICATION E	SY EVENI N	IOMBER			
						(4)	(5)			
	Accident		(1) (2) Direction	Incremental	(3)	Specific Longitudinal	Specific Vertical or	(6) Type of	(7)	
	Event Sequence	Object	of Force	Value of	Deformation	or Lateral	Lateral	Damage	Deformation	
	Number	Contacted	(degrees)	Shift	Location	Location	Location	Distribution	Extent	
	01	01			<u></u>	F	E	$\overline{\mathcal{M}}$	03	
	~	- <del></del>			<del></del> -	<u>.</u>				
	02	01	-80		<u>_</u>	<b>B</b>	A	_5	01	
						<del></del> -	_	<del></del>		
				*						

		COLLISION	DEFORMA	TION CLAS	SIFICATIO	N		
HIGHEST D	ELTA "V"							
Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent	
4. <u>0</u>	5. <u>6</u> <u> </u>	6/	7. <u> </u>	8. <u> </u>	9. <u>E</u>	10. <u>W</u>	11. 0 2	
Second Highest Delta "V"								
12. 0 2	13. <u>0</u>	14. 0 9	15. <u>८</u>	16. <u>Z</u>	17. <u>E</u>	18. <u>W</u>	19. <u>\( \( \) \( \) \</u>	
		CRUS	H PROFILE	IN CENTIM	ETERS	- · · · · · · · · · · · · · · · · · · ·		
				in the CDC(s)			d	
HIGHEST D	ELTA "V"						- 1	
20. 	21. 	<u>C,</u>			C <sub>6</sub>	C.	22. 	
<u> 180</u>	000	<u>008</u>	022	<u>010</u> C	08 0	<u>62</u>	2143	
Second Hig	jhest Delta "V'	•						
23. 	24. 		C <sub>3</sub>	<u>C</u> 4	<u>C</u> <sub>6</sub>	C <sub>e</sub>	25. ±D	
<del>-</del>	—— <u> </u>				·—— —		<u> </u>	
	s Documented Coded on The ed File?	0	Researcher's Ass of Vehicle Dispo O) Not towed do vehicle dama 1) Towed due t vehicle dama 9) Unknown	sition ue to ge o o	n	I Wheelbase Code to the earest centime Inknown		
						·	- : :	

	Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?  (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify):  (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified  Fire Occurrence (0) No fire  Yes, fire occurred (1) Minor (2) Major (9) Unknown	٥	34. Fuel Tank-1 Location  35. Fuel Tank-2 Location  (0) No fuel tank  (1) Aft of center of the rear wheels (rear axle) centered  (2) Aft of center of the rear wheels (rear axle) left side  (3) Aft of center of the rear wheels (rear axle) right side  (4) Forward of center of the rear wheels (rear axle) centered  (5) Forward of center of the rear wheels (rear axle) left side  (6) Forward of center of the rear wheels (rear axle) right side  (7) Over center of the rear wheels (rear axle) (8) Other (specify):
32	Origin of Fire  (0) No fire  (1) Vehicle exterior (front, side, back, top)  (2) Exhaust system  (3) Fuel tank (and other fuel retention system parts)  (4) Engine compartment  (5) Cargo/trunk compartment  (6) Instrument panel  (7) Passenger compartment area  (8) Other location (specify):  (9) Unknown  Type of Fuel Tank-1  Type of Fuel Tank-2  (0) No fuel tank (electrical vehicle)  (1) Metallic  (2) Non-metallic  (9) Unknown	10	36. Fuel Tank-1 Filler Cap Location  37. Fuel Tank-2 Filler Cap Location (0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): (9) Unknown  38. Fuel Tank-1 Damage 39. Fuel Tank-2 Damage (0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify):

40.	Location of Fuel System-1 Leakage	44. Is This Vehicle Equipped With More Than Two Fuel Tanks?
41.	Location of Fuel System-2 Leakage	(0) No (one or two tanks only)
i	(O) No fuel tank	
	(1) No fuel leakage	Yes - More Than Two Tanks (1) Yes no damage to any tank or filler
	Oder A co Official	
	Primary Area Of Leakage	cap and <u>no fuel system leakage</u>
	(2) Tank	(2) Yes <u>no damage</u> to any tank or filler
	(3) Filler neck	cap but there is fuel system leakage
	(4) Cap	(specify leakage location):
	(5) Lines/pump/filter	
		(2) Ves demons to as additional took or
	(6) Vent/emission recovery	(3) Yes - damage to an additional tank or
	(8) Other (specify):	filler cap and there is fuel system leakage
		(specify the following):
	(9) Unknown	Type of tank
		Tank location
	,	Filler cap location
	<b>→</b> . <b>→</b> .	Tal design
42.	Fuel Type-1	Tank damageLocation of leakage
	4 🐧	Location of leakage
43.	Fuel Type-2	Type of fuel(9) Unknown if more than two tanks
		(9) Unknown if more than two tanks
	Single Fuel Type	, , , , , , , , , , , , , , , , , , , ,
	(00) No fuel tank	
	(01) Gasoline	
	(02) Diesel	COMMENTS
	(03) CNG (Compressed Natural Gas)	
	(04) LPG (Liquid Petroleum Gas) also	
	known as Propane	
	(05) LNG (Liquid Natural Gas)	
	(06) Methanol (M100 or M85)	
	(07) Ethanol (E100 or E85)	
	(08) Other (Hydrogen or others) (specify):	•
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Electric Powered or Electric/Solar	
		<del></del>
	Powered Vehicles	,
	(10) Lead Acid Battery	
	(11) Nickel-Iron Battery	
	(12) Nickel-Cadmium Battery	
	(13) Sodium Metal Chloride Battery	
	(14) Sodium Sulfur Battery	
	(18) Other (Specify):	
	(98) Other Hybrid (specify):	
	•	
-		
	(99) Unknown fuel type	
	1007 Olikilottii 1001 type	
* *	* STOP: IF THE CDS APPLICABLE VEHICLE W	AS NO: TOWED AND WAS NOT AN AOPS ***
		1
	(I.E., $GV09 = 0$ OR 9 AND $GV36 = 0$ ), DO NO	T COMPLETE THE INTERIOR VEHICLE FORM.
		•
		•



(O) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed (3) Partially opened

(4) Fully opened (9) Unknown

U.S. Department of Transportation	VEHICLE FORM NATIONAL ACCIDENT SAMPLING SYSTEM
National Highway Traffic Safety INTERIOR Administration	
	GLAZING .
1. Primary Sampling Onit Number	Glazing Damage from Impact Forces
2. Case Number - Stratum 9419	15. WS 2 16. LF 0 17. RF 0 18. LR 0 19. RR
3. Vehicle Number	20. BL <u>0</u> 21. Roof <u>8</u> 22. Other <u>0</u>
INTEGRITY	(0) No glazing damage from impact forces
4. Passenger Compartment Integrity (00) No integrity loss	(2) Glazing in place and oracked from impact forces (3) Glazing in place and holed from impact forces (4) Glazing out-of-place (cracked or not) and not holed from impact forces
Yee, Integrity Was Lost Through (O1) Windshield (O2) Door (side) (O3) Door/hatch (back door) (O4) Roof (O5) Roof glass	(5) Glazing out-of-place and holed from impact forces (6) Glazing disintegrated from impact forces (7) Glazing removed prior to accident (8) No glazing (9) Unknown if demaged
(06) Side window (07) Rear window (backlight) (08) Roof and roof glass	Glazing Damage from Occupant Contact 23. WS \( \triangle \) 24. LF \( \triangle \) 25. RF \( \triangle \) 26. LR \( \triangle \) 27. RR \( \triangle \)
(09) Windshield end door (side) (10) Windshield end roof	23. WS 24. LF 25. RF 26. LR 27. RR 28. BL 29. Roof 230. Other
(11) Side end rear window (side window and backlight) (12) Windshield end side window (13) Door end side window (98) Other combination of above (specify):	(O) No occupant contact to glazing or no glazing (1) Glazing contacted by occupant but no glazing damage (2) Glazing in place and cracked by occupant contact (3) Glazing in place and holed by occupant contact
(99) Unknown	(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact (5) Glazing out-of-place by occupant contact and holed by occupant contact
Door, Tailgate or Hatch Opening  5. LF 3 6. RF / 7. LR / 8. RR / 9. TG/H	(6) Glazing disintegrated by occupent contact (9) Unknown if contacted by occupent
(0) No door/gete/hatch (1) Door/gete/hatch remained closed and operational	If No Glazing Damage <i>And</i> No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø
(2) Door/gate/hatch came open during collision (3) Door/gate/hatch jammed shut (8) Other (epecify):	Type of Window/Windshield Glazing 31. WS / 32. LF 033. RF 034. LR 35. RR
(9) Unknown	36. BL 0 37. Roof 38. Other 0
Damage/Failure Associated with Door, Tailgate or Popening in Collision. If IV05-IV09 ≠ 2, Then code  10. LF ○ 11. RF ○ 12. LR ○ 13. RR ○ 14. TG	(2) AS-2 — Tempered (3) AS-3 — Tempered-tinted
(O) No door/gete/hatch or door not opened	(9) Unknown
Door, Tailgate or Hatch Came Open During Collision (1) Door operational (no damage) (2) Latoh/striker failure due to damage (3) Hinge failure due to damage	Window Precrash Glazing Status 39. WS 140. LF 241. RF 242. LR 43. RR 2
(4) Door structure failure due to demege (5) Door support (i.e., piller, sill, roof side rail,	44. BL 45. Roof 46. Other 4

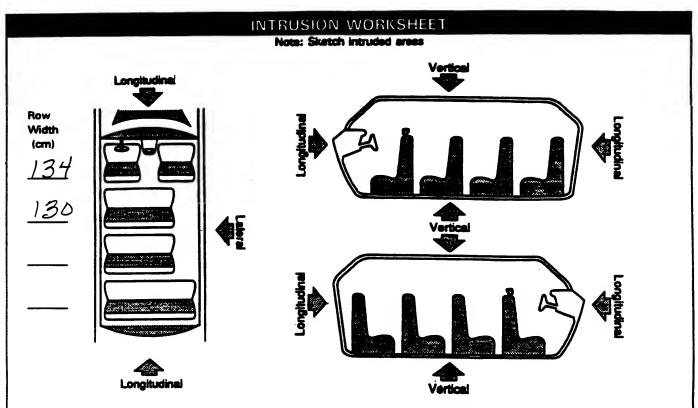
HS Form 435C (Rev. 1/94)

(9) Unknown

etc.) failure due to damage

(8) Other failure (specify):

(6) Latch/striker and hinge failure due to damage

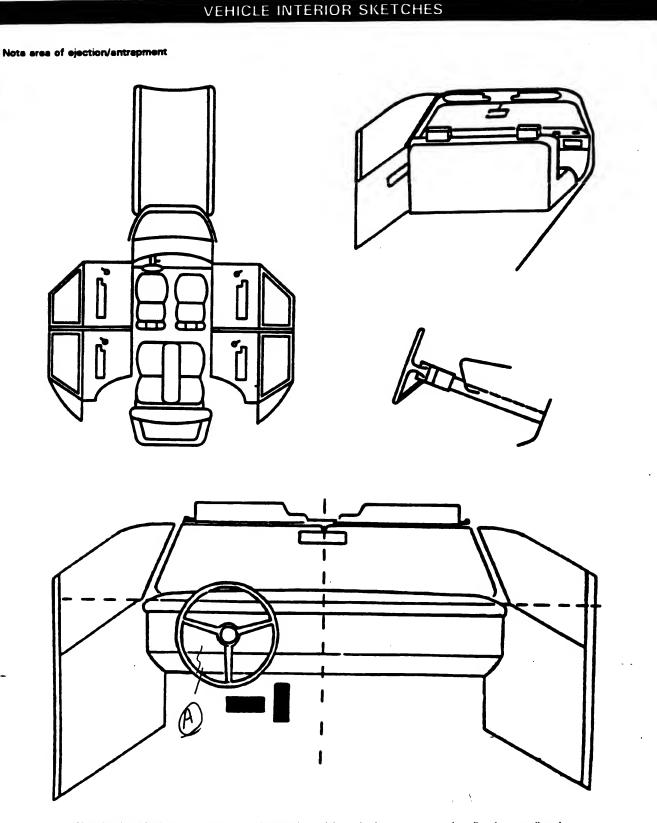


LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	Moses	Iremente Are în Centii INTRUDED VALUE	neters)	INTRUSION	DOMINANT CRUSH DIRECTION
11	DINST. Panel	46	_	50	8	4	LAT
]1	A-PILLAR	41	_	65	=	24	LAT LAT
- 11	DOOR PAnel	51	_	63_	=	12	LAT
11	5111	42 cm		55 cm	=	13	LA+
11	SIDE KICK DAN	el 41	_	54	8	13	
11	B-PILLARS	4	-	0	*		
	SILL AREA		-		=		
!1	TOE PAN	51		57	8	6	
-			_	-	=		·
			_		-		
			_		8		
			_		=		
			-		. =		
			_		=		
			_		'=		

#### OCCUPANT AREA INTRUSION Note: If no intrusions, leave variables IV47-IV86 blank. INTRUDING COMPONENT Interior Components Dominant. Intruding Crush (01) Steering assembly Location of Magnitude Component of Intrusion (02) instrument panel left Intrusion Direction (03) Instrument panel center (04) Instrument panel right 1st 47. 1 1 48. 0 6 49. 3 50. 3 (05) Toe pan -(06) A (A1/A2)-pillar (07) B-pillar 2nd 51. 1 52. 7 53. 54. 3(08) C-pillar (09) D-pillar MTO) Door panel (side) (12) Roof (or convertible top) (13) Roof side rail 3rd 55. 1 1 56. 2 7 57. 2 58. 3 (14) Windshield (15) Windshield header (16) Window frame 4th 59. 1 / 60. 1 0 61. 2 62. 3 √(17) Floor pan (includes sill) (18) Backlight header (19) Front seat back (20) Second seat back 5th 63. / / 64. 0 5 65. / 66. 3 (21) Third seat back (22) Fourth seat back (23) Fifth seat back (24) Seat cushion 6th 67. 1 1 68. 0 2 69. 1 70. 2 (25) Back door/panel (e.g., tailgate) (26) Other interior component (specify): (27) Side panel - forward of the A (A2)-pillar (28) Side panel - rear of the A (A2)-pillar 7th 71. \_\_\_ 72.\_\_ 73.\_\_ 74.\_\_ **Exterior Components** (30) Hood (31) Outside surface of this vehicle (specify): 8th 75.\_\_\_ 76.\_\_ 77.\_\_ 78.\_\_ (32) Other exterior object in the environment (specify): 9th 79. 80. 81. 82. (33) Unknown exterior object (97) Catastrophic (98) Intrusion of unlisted component(s) (specify): 10th 63.\_\_\_ 84.\_\_ 85.\_\_ 86.\_\_ (99) Unknown **LOCATION OF INTRUSION MAGNITUDE OF INTRUSION** (1) ≥ 3 centimeters but < 8 centimeters Front Seat Fourth Seat (2) ≥ 8 centimeters but < 15 centimeters (11) Left (41) Left (3) ≥ 15 centimeters but < 30 centimeters (42) Middle (12) Middle (4) ≥ 30 centimeters but < 46 centimeters (43) Right (13) Right (5) ≥ 46 centimeters but < 61 centimeters (6) $\geq$ 61 centimeters Second Seat (97) Catastrophic (7) Catastrophic (98) Other enclosed (21) Left (9) Unknown (22) Middle area (specify) (23) Right (99) Unknown DOMINANT CRUSH DIRECTION Third Seat (1) Vertical (31) Left (2) Longitudinal (32) Middle (3) Lateral (33) Right (7) Catastrophic (9) Unknown

	(All Mesourements Are in Centimet	ero)	
COMPARISON VALUE	- DAMAGE VALUE	- DEFORM	ATION
	_		
	_	=	
	_	8	
	-		
		·	
		. \	

National Accident Santany System Committee State	
STEERING COLUMN	93. Location of Steering Rim/Spoke  Deformation
87. Steering Column Type  (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify):  (9) Unknown	(00) No steering rim deformation  Quarter Sections (01) Section A (02) Section B (03) Section C (04) Section D  Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke
88. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	(08) Right half of rim/spoke  (09) Complete steering wheel collapse (10) Undetermined location (99) Unknown
	INSTRUMENT PANEL
89. Blank (This variable is left blank	94. Odometer Reading
so that numbering consistency can be maintained with the 1988-94 CDS.	kilometers—Code to the nearest 1,000 kilometers (000) No odometer (001) Less than 1,500 kilometers (500) 499,500 kilometers or more (999) Unknown
90. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	93358miles x 1.6083 - 150245 Miller Source: ODOMETER
91. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	95. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown
92. Steering Rim/Spoke Deformation  Code actual measured  deformation to the nearest centimeter (00) No steering rim deformation (01-14) Actual measured value in centimeters	96. Knee Bolsters Deformed from Occupant Contact? (0) No (1) Yes (8) Not present (9) Unknown
(15) 15 centimeters or more (98) Observed deformation cannot be measured (99) Unknown	97. Did Glove Compartment Door Open During Collision(s)? (0) No (1) Yes (8) Not present (9) Unknown



Sketch windshield contact(s) and the damaged area(e) on the instrument penel outline (e.g., radio, glove compartment, damage to instrument penel structure.

Cross hatch contact points, draw spider webs or use other ennotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

			_	OF OCCUPANT CONT			Confidence
Contac	Interior Component t Contacted	Occupant No. If Known	Re	lody logion If nown Supporting		vidence	Level of Contact Point
A	DASh		1 4	eg cracke	d		2
В							
C							
			+-			······································	1
D			-				<del>                                     </del>
E			┼				
F							
G							
Н							
ŧ							
J							
K							
			+				
			-				
M			_				+
N							
(07) S (08) A	teering wheel (combin f codes 04 and 05) teering column, transr elector lever, other att dd on equipment (a.g. eck, air conditioner)	nission achment	••	frame, window sill, A (A1/A2)-pill B-piller, or roof side rail. Other laft side object (specify): Laft side window sill	ROOF (50)	Front header Rear header Roof left eide rail	
(09) L	eft instrument panel a		RIGHT S		(53)		
	enter instrument pane light instrument panel		(30)	Right side interior surface, axcluding hardware or armrests	(54)	MOOT OF CONVENUE	
	llove compartment do		(31)	Right side hardware or armrest			e top
(12) G					FLOOR		
(13) K	(nee bolster Modebield including or		(32)	Right A (A1/A2)-piller	(56)	Floor (including to	e pan)
(13) K (14) V	Vindshield including or If the following: front l	ne or more header,	(32) (33)		(56)	Floor or console n transmission level	e pan) nounted
(13) K (14) V	Vindshield including or	ne or mora haadar, ment panel,	(32) (33) (34)	Right A (A1/A2)-piller Right B-piller	(56) (57)	Floor or console n transmission lever consola Parking brake hen	e pan) nounted r, including
(13) K (14) V o	Vindshield including or if the following: front l \ (A1/A2)-piller, instru nirror, or steering asse ide only)	ne or mora header, ment panel, mbly (driver	(32) (33) (34) (35)	Right A (A1/A2)-piller Right B-piller Other right piller (specify): Right side window gless or frame Right side window gless including	(56) (57) (58)	Floor or console n transmission level consola Parking brake han Foot controls inclu	e pan) nounted r, including
(13) K (14) V o A n (15) V	Vindshield including or if the following: front land (A1/A2)-piller, instru- nirror, or steering asse- tide only) Vindshield including or	ne or mora headar, ment panel, mbly (driver ne or more	(32) (33) (34) (35)	Right A (A1/A2)-piller Right B-piller Other right piller (specify): Right side window gless or frame	(56) (57) (58) (59)	Floor or console n transmission lever consola Parking brake hen	e pan) nounted r, including
(13) K (14) V o A n (15) V	Vindshield including or if the following: front ( (A1/A2)-piller, instru- nirror, or steering asse- ide only) Vindshield including or of the following: front ( (A1/A2)-piller, instrur	ne or mora headar, ment panel, mbly (driver ne or more headar, ment panel, or	(32) (33) (34) (35) (36)	Right A (A1/A2)-piller Right B-piller Other right piller (specify):  Right side window glass or frame Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pil B piller, or roof side rail.	(56) (57) (58) (59) Jar, REAR	Floor or conecie n transmission lever consola Parking brake hen Foot controls inclu brake	e pan) nounted r, including die uding parking
(13) K (14) V o A n (15) V	Vindshield including or if the following: front law (A1/A2)-piller, instru- nirror, or steering asse- pide only) Windshield including or if the following: front (A (A1/A2)-piller, instru- nirror (passenger side (	ne or mora headar, ment panel, mbly (driver ne or more headar, ment panel, or only)	(32) (33) (34) (35) (36)	Right A (A1/A2)-piller Right B-piller Other right piller (specify):  Right side window glass or frame Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pil	(56) (57) (58) (59)	Floor or coneole in transmission level consola Parking brake hen Foot controls inclibrake Backlight (rear with	e pan) nounted r, including die uding parking
(13) K (14) V (14) V (15) V (15) V (16) E	Vindshield including or if the following: front ( \(\(A1/A2\)-piller, instru- nirror, or steering asse- ide only) \(\(Vindshield\) including or if the following: front ( \(\(A1/A2\)-piller, instru- nirror (passenger side of \(Vindshield\) inver side air bag com- cover	ne or mora headar, ment panel, mbly (driver ne or more headar, ment panel, or only)	(32) (33) (34) (35) (36)	Right A (A1/A2)-piller Right B-piller Other right piller (specify):  Right side window glass or frame Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pil B piller, or roof side rail.	(56) (57) (58) (59) lar, REAR (60)	Floor or coneole in transmission level consola Parking brake hen Foot controls inclibrake Backlight (rear with Backlight storage	e pan) nounted r, including die uding parking ndow) rack, door, atc
(13) K (14) V (15) V (15) V (16) E (17) F	Vindshield including or of the following: front (A (A1/A2)-piller, instrumirror, or steering assected only)  Windshield including or of the following: front (A (A1/A2)-piller, instrumirror (passenger side or over side air bag compassenger side air bag	ne or more heeder, ment panel, mbly (driver ne or more heeder, ment panel, or only) partment	(32) (33) (34) (35) (36)	Right A (A1/A2)-pillar Right B-pillar Other right pillar (specify):  Right side window glass or frame Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pil B pillar, or roof side rail. Other right side object (specify):  Right sida window sill	(56) (57) (58) (59) (67) REAR (60) (61)	Floor or coneole in transmission level consola Parking brake hen Foot controls inclibrake Backlight (rear with Backlight storage	e pan) nounted r, including die uding parking ndow) rack, door, atc
(13) K (14) V (14) V (15) V (15) V (16) E (17) F (17) F	Vindshield including or if the following: front ( \(\(A1/A2\)-piller, instru- nirror, or steering asse- ide only) \(\(Vindshield\) including or if the following: front ( \(\(A1/A2\)-piller, instru- nirror (passenger side of \(Vindshield\) inver side air bag com- cover	ne or mora headar, ment panel, mbly (driver he or more headar, ment panel, or only) partment	(32) (33) (34) (35) (36) (37) (38) INTERIG	Right A (A1/A2)-pillar Right B-pillar Other right pillar (epacify):  Right side window glass or frame Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pil B pillar, or roof side rail. Other right side object (specify):  Right sida window sill OR Seat, back support	(56) (57) (58) (59) (67) REAR (60) (61)	Floor or coneole in transmission level consola Parking brake hen Foot controls inclibrake Backlight (rear with Backlight storage	e pan) nounted r, including die uding parking ndow) rack, door, atc
(13) K (14) V (14) V (15) V (16) C (17) F (18) V (1	Vindshield including or of the following: front (a. (A1/A2)-piller, instrumintor, or steering assettide only)  Vindshield including or of the following: front (a. (A1/A2)-piller, instrumintor (passenger side of the compartment of the compartment cover	ne or mora headar, ment panel, mbly (driver ne or more headar, ment panel, or only) partment	(32) (33) (34) (35) (36) (37) (38) INTERIG (40) (41)	Right A (A1/A2)-pillar Right B-pillar Other night pillar (epacify):  Right side window glass or frame Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pil B pillar, or roof side rail. Other night side object (epacify):  Right sida window sill	(56) (57) (58) (59) (67) REAR (60) (61)	Floor or coneole in transmission level consola Parking brake hen Foot controls inclibrake Backlight (rear with Backlight storage	ne pen) nounted r, including die uding perking ndow) reck, door, etc (epecify):
(13) K (14) V (14) V (15) V (16) E (17) F (18) V (19) C	Vindshield including or of the following: front (A (A1/A2)-piller, instrumirror, or steering assession only). Windshield including or of the following: front (A (A1/A2)-piller, instrumirror (passenger side or order side air bag compartment cover assenger side air bag compartment cover (passenger side air bag cover (passenger side air bag cover (passenger side air bag cover (passenger side air bag cover (p	ne or mora headar, ment panel, mbly (driver ne or more headar, ment panel, or only) partment	(32) (33) (34) (35) (36) (37) (38) INTERIG (40) (41) (42)	Right A (A1/A2)-pillar Right B-pillar Other right pillar (spacify):  Right side window glass or frame Right side window glass or frame Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pil B pillar, or roof side rail. Other right side object (specify):  Right sida window sill  OR Seat, back support Belt restraint wabbing/buckle Belt restraint B-pillar attachment point Other restraint system componer	(56) (57) (58) (59) (ar, REAR (60) (61) (62)	Floor or conecie in transmission lever consola Parking braka hen Foot controls include braks  Backlight (rear wing Backlight storage Other rear.object	ne pan) nounted r, including dile uding parking ndow) rack, door, atc (apecify):
(13) K (14) V (15) V (16) E (17) F (18) V (19) C	Vindshield including or of the following: front (A (A1/A2)-piller, instrumirror, or steering assessive only) Mindshield including or of the following: front (A (A1/A2)-piller, instrumirror (passenger side or over easenger side air bag compartment cover Mindshield reinforced begiet (specify):  Cother front object (specify)	ne or more header, ment panel, mbly (driver he or more header, ment panel, or only) partment	(32) (33) (34) (35) (36) (37) (38) INTERIC (40) (41) (42) (43)	Right A (A1/A2)-pillar Right B-pillar Other right pillar (epacify):  Right side window glass or frame Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pil B pillar, or roof side rail. Other right side object (epacify):  Right sida window sill  OR Seat, back support Belt restraint wabbing/buckle Belt restraint B-pillar attachment point Other restraint system componer (epacify): Haad restraint system	(56) (57) (58) (59) (59) (61) (62)	Floor or conecie in transmission lever consola Parking braka hen Foot controls inclu- braks  Backlight (rear wing Backlight storage Other rear object	ne pan) nounted r, including die uding parking ndow) rack, door, atc (apecify):
(13) K (14) V (15) V (16) E (17) F (18) V (19) C (20) L	Vindshield including or of the following: front (A (A1/A2)-piller, instrumirror, or steering assession only). Windshield including or of the following: front (A (A1/A2)-piller, instrumirror (passenger side or order side air bag compartment cover assenger side air bag compartment cover (passenger side air bag cover (passenger side air bag cover (passenger side air bag cover (passenger side air bag cover (p	me or mora headar, ment panel, mbly (driver he or more headar, ment panel, or only) partment  by axtanor cify):	(32) (33) (34) (35) (36) (37) (38) INTERIC (40) (41) (42) (43)	Right A (A1/A2)-pillar Right B-pillar Other right pillar (spacify):  Right side window glass or frame Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pil B pillar, or roof side rail. Other right side object (specify):  Right sida window sill  OR Seat, back support Belt restraint wabbing/buckle Belt restraint B-pillar attachment point Other restraint system componer (specify):	(56) (57) (58) (59) (61) (62)	Floor or conecie in transmission lever consola Parking brake hen Foot controls inclubrake  Backlight (rear with Backlight storage Other rear.object  CONFIDENCE LE CONTACT Pour controls included in the controls included in the controls included in the controls included in the controls included in the controls included in the controls included in the controls included in the control included in the controls included in the controls included in the controls included in the controls in the controls included in the controls in the control in the controls in the controls in the control in the cont	ne pan) nounted r, including die uding parking ndow) rack, door, atc (apecify):

		AUTOMATIC RESTRAINTS	
NOTES	5: Encode the data for each appelow. Restraint systems shassessment Form.	plicable front seat position. The attributional be assessed during the vehicle in	rte for the variables may be found spection then coded on the Occupant
		AIR BAGS	
		Left	Right
F	Availability/Function	0	0
R	Deployment		
S	Failure		
(0) (1) (1) (2) (3)	System Aveilability/Function Not equipped/not evailable Air beg  functional Air beg disconnected (specify):  Air beg not reinstelled Unknown	Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (ee e result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as e result of e noncollision event during accident eequence (e.g., fire, explosion, electrical) (9) Unknown	Are There indications of Air Bag System Failure? (0) Not equipped/not evailable (1) No (2) Yee (specify):  (9) Unknown
		AUTOMATIC BELTS	
		Left	Right
	Availability/Function	0	0
F	Use		
R	Type		
S	Proper Use		
'	Failure Modes		
Availab (0) (1) (2) (3) Avar (4) (9) Autom (0) (1) (2) Autom (9) Autom (9)	atic (Passive) Belt System Bity/Function Not equipped/not svailable 2 point eutometic belts 3 point eutometic belts Autometic belts - type unknown  -functional Automatic belts destroyed or rendered inoperative Unknown  atic (Passive) Belt System Use Not equipped/not available/destroyed or rendered inoperative Automatic belt in use Automatic belt in use (manually disconnected, motorized track inoperative) Automatic belt use unknown Unknown  atic (Passive) Belt System Type Not equipped/not available Non-motorized eystem	Proper Use of Automatic (Passiva) Belt System  (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child sefety seet  Automatic Belt Used Improperly (3) Automatic shoulder belt worn under erm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn eround more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap end shoulder belt or automatic shoulder belt used improperly with child safety seet (specify):  (8) Other improper use of automatic belt system (specify):  (9) Unknown	Automatic (Passive) Belt Fallure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage seperated (5) Other anchorage seperated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown
(0) (1) (2)	Not equipped/not evailable	(epecify):	,

.

#### MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
	Availability	4.,	0	4.
7	Evidence of usage	09		04.
Ř	Used in this crash?	04		04
S	Proper Use			/
	Failure Modes	1		
	Availability	3		3
Ē	Evidence of usage	00		00
S	Used in this crash?			
OZOU#	Proper Use			
D	Failure Modes			
	Availability			
O T	Evidence of usage			
н	Used in this crash?			
E	Proper Use			
R	Failure Modes			

Manual	(Activa)	<b>Belt System</b>	Availability
THE WAR	MUUVUI	OUL CASIELL	

- (0) None available
- Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

#### Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

#### Manuai (Active) Belt System Use

- (00) None used, not available, or belt
- removed/destroyed (01) Inoperable (specify):
- (02) Shoulder belt
- (03)Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat -
- type unknown
  (18) Other belt used with child safety seat (specify): (99) Unknown if belt used

#### Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

#### Belt Used Improperty

- (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

### Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

	CHILD SAFETY S	SEAT FIELD	ASSESSMENT
Wh	en a child safety seat is present enter the occu	ipant's numbe	r in the first row and complete the column below te a column for each child safety seat present.
the	occupant's number using the codes listed be	now. Compre	to a Column for Sacri Cinic Stricty Sout Presents
	cupant Number		
1.	Type of Child Safety Seat		
2.	Child Safety Seat Orientation		
3.	Child Safety Seat Harness Usage		
4.	Child Safety Seat Shield Usage		
5.	Child Safety Seat Tether Usage		
6.	Child Safety Seat Make/Model	Specify Be	low for Each Child Safety Seat
1.	Type of Child Safety Seat	3.	Child Safety Seat Harness Usage
	(0) No child safety seat	4.	Child Safety Seat Shield Usage
	(1) Infant seat (2) Toddler seat	E	Child Safety Seat Tether Usage
	(3) Convertible seat	5.	Note: Options Below Are Used for Variables 3-5.
	<ul><li>(4) Booster seat</li><li>(7) Other type child safety seat (specify):</li></ul>		(00) No child safety seat
	•		Not Designed with Harness/Shield/Tether
	(8) Unknown child safety seat type (9) Unknown if child safety seat used		(01) After market harness/shield/tether added, not used
2.	Child Safety Seat Orientation		(02) After market harness/shield/tether used (03) Child safety seat used, but no after market
	(00) No child safety seat		harness/shield/tether added
	Designed for Rear Facing for This Age/Weight		(09) Unknown if harness/shield/tether added or used
	(01) Rear facing (02) Forward facing		Designed With Harness/Shield/Tether
	(08) Other orientation (specify):		(11) Harness/shield/tether not used
	(09) Unknown orientation		(12) Harness/shield/tether used (19) Unknown if harness/shield/tether used
	Designed for Forward Facing for This		Unknown If Designed With Harness/Shield/Tether
	Age/Weight		(21) Harness/shield/tether not used
_	(11) Rear facing		(22) Harness/shield/tether used (29) Unknown if harness/shield/tether used
	(12) Forward facing (18) Other orientation (specify):		(25) Officiowith Hamossianion (25)
			(99) Unknown if child safety seat used
	(19) Unknown orientation	6	Child Safety Seat Make/Model
	Unknown Design or Orientation For This	0.	(Specify make/model and occupant number)
	Age/Weight, or Unknown Age/Weight		
	(21) Rear facing		
	(22) Forward facing (28) Other orientation (specify):		. \
	(29) Unknown orientation		

(99) Unknown if child safety seat used

# HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F	Head Restraint Type/Damage	1		/
i [	Seat Type	02		02
R S	Seat Performance	8		
T	Seat Orientation			/
s	Head Restraint Type/Damage	0	0	0
EC	Seat Type	05	05	05
0	Seat Performance		/	/
Ď	Seat Orientation	,	1	
_	Head Restraint Type/Damage			
Ĥ	Seat Type			
Ŕ	Seat Performance			
D	Seat Orientation			
0	Head Restraint Type/Damage			
Ť	Seat Type			
H	Seat Performance			
R	Seat Orientation			

Head	Restraint	Type/Damage	by	Occupant	at	This
Occur	pant Posit	ion				

- No head restraints (0)
- (1) Integral no damage (2) Integral damaged during accident
- (3)
- Adjustable no damage Adjustable damaged during accident (4)
- (5)
- Add-on no damage Add-on damaged during accident (6)
- (8) Other Specify):
- (9) Unknown

#### Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (O3) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

#### Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify): Bent
- (9) Unknown

## Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT **CONTACT PATTERN**)

Cocupant Number   Ejection   Chote on Vehicle Interior Sketch)   Ejection Area   Ejection Medium   Medium Status   Complete ejection   Complete	Complete the following if the researce in the vehicle. Code the appropriate EJECTION No [X] Yes [ ] Describe indications of ejection and	her has any inc e data on the (	Occupant Assessme	ipant was int Form.	s either ejected	from or entrapped
Ejection Medium  Medium Status  Ejection  (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown  Ejection Area (1) Windshield (2) Left front (3) Right front (3) Right front (4) Left rear (5) Right rear (6) Rear  ENTRAPMENT  No (1) Yes [1]  Describe entrapment mechanism:	Occupant Number					
Ejection  (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown  Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear  (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown  Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (9) Unknown  Medium Status (Immediated to Impact) (1) Open (2) Closed (3) Integral structure (4) Nonfixed glazing (specify): (9) Unknown  Medium Status (Immediated to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown  Epection Medium Status (Immediated to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown	(Note on Vehicle Interior Sketch)					7
Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown  Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear  (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown  Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):  Ejection Medium (1) Open (2) Closed (3) Integral structure (1) Open (2) Closed (3) Integral structure (1) Open (2) Unknown  Ejection Medium (1) Open (2) Closed (3) Integral structure (3) Fixed glazing (4) Nonfixed glazing (specify):  ENTRAPMENT  No (1) Ves [1]  Describe entrapment mechanism:						
ENTRAPMENT No [X] Yes [ ]  Describe entrapment mechanism:	Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown  Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear	(9) Unkn  (9) Unkn  (1) Door  (2) Nonf  (3) Fixed	edium /hatch/tailgate ixed roof structure	!	(8) Other me (9) Unknown Medium Status to Impact) (1) Open (2) Closed (3) Integral s	edium (specify):  n s (Immediately Pri structure
	ENTRAPMENT No [X] Ye					
Component(s):	Component(s):				- 1	

# Appendix F:

NASS CDS INTERVIEW FORM:

CASE VEHICLE DRIVER



**U.S. Department of Transportation** 

National Highway Traffic Safety Administration

## INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number / D	Interviewee(s) Role or Name(s):
2. Case Number - Stratum 9 4 1 6	DRIVER JOWNER
3. Vehicle Number	
Review all available information and interview q acquisition of all pertinent data.	questions prior to conducting interview(s) to ensure the
If the driver was not the person interviewed, w	ras an appointment made for a follow-up interview?
DRIVER'S DESCRI	IPTION OF ACCIDENT EVENTS
I was S/B or	no controls she was
east on At	nocontrols she was intersection she didn't
stop for stop	sign. And I hit her in
Fron't Driver Sin	sign. And I hit her in E fender wheelarka.
we slid East to	corner after impact.
I was facing &	corner after impact.
J	
	·
OCCUPANT'S DESC	CRIPTION OF ACCIDENT EVENTS
<u> </u>	

# ACCIDENT DIAGRAM



The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

**NORTH** 

VCRY fAmiliak

NO 9/ASSES.

Dewel CAR but familiar

Pickup i Judo Class.



# U.S. Department of Transportation

National Highway Traffic Safety

# **INTERVIEW FORM (B)**

NATIONAL ACCIDENT SAMPLING SYSTEM

Administration	CRASHWORTHINESS DATA SYSTEM
1. Primary Sampling Unit Number 10 2. Case Number - Stratum 9416 3. Vehicle Number 01	Interviewee(s) Role or Name(s):  DRIVER
ACCIDEN	T DATA QUESTIONS
1. Can you tell me in which direction you were travely and the south [ ] East [ ] West (Optional - Where were you coming from or going (Note: Lane 1 is designated as the right curb lane [1] [2] [3] [4] [ ] Other (specify):  3. Can you remember your estimated travel speed (in per hour) before the accident?	[ ] Braking with lock-up [ ] Braking without lock-up [ ] Releasing brakes [ ] Accelerating [ ] Steering left [ ] Steering right [ ] Other (specify):  e.)  7. Where was your vehicle at the time of the collision? [ ] Original travel lane [ ] Different travel lane
[] Stopped [] 1-10 [] 10-20 20-30 [] 30-40 [] 40-50 [] 50-60 [] 60-70 [] 70 +  4. Just before the accident, can you tell me what you intending to do or were doing?  Going straight [] Stopped [] slowing [] Accelerating [] Turning left [] Turning right [] Changing lanes to left [] Changing lanes to left [] Changing lanes to left [] Other (specify):	[ ] Higher [ ] Unknown  8a. Can you estimate your speed at the time of the collision?
5. Did you experience any loss of control due to w conditions or mechanical problems?  No [ ] Yes (If yes, describe below)  6. Did you have to take any avoidance actions prior accident?    No - Go to question 7 [ ] Yes - Go to question 6a	10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?

. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum 9416	4. Occupant Number
VEHICLE/DRIVER I	DATA QUESTIONS
1. Can you tell me the year, make, model of your vehicle?  1 9 9 5, Plymowh, NEON  Year Make Model  2. Can you describe the damage to your vehicle?  FIZON + END	7b. Were any of the belts removed or not functional prior to the accident?  [ ] No  [ ] Yes ( If "Yes", specify which belt and describe problem)
3. Was there any previous damage to your vehicle that is not related to this accident?    No   Yes (If "yes", describe below)	8. Do any of the front belts move along a motorized track when the door is opened or closed?  ¡☒ No (If "No", go to question 9)  [ ] Yes (If "Yes", what seat location?)  [ ] Left Front  [ ] Right Front
4. Did any of the doors (hatch, tailgate) open during the accident?  No  [ ] Yes (If "Yes", describe below)	8a. Were the motorized belts working properly before the accident?  [ ] No (If "No", describe condition below)  [ ] Yes
5. Did any of the windows break during the accident?  No  [ ] Yes (If "Yes", describe below)	8b. Were the belts connected to the track prior to the accident? [ ] No [ ] Yes [ ] Unknown
6. Does your vehicle have a glove compartment?  [ ] No  [ Yes	9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?  No (go to question 10)
6a. Did the glove compartment door come open during the accident?   X  No [ ] Yes [ ] Unknown	9a. Does this belt come across the? [ ] Chest only [ ] Lap and chest
7. Does your vehicle have "seat belts"?  [ ] No (If "No", go to question 7b)  - X Yes (If "Yes", go to question 7a)	9b. Was this belt connected prior to the accident? [ ] No [ ] Yes [ ] Unknown
7a. Can you describe the type of seat belt for each seat?  Driver's seat [ ] Lap [ ] Lap and shoulder  Front seat middle [ ] Lap [ ] Lap and shoulder  Front seat right [ ] Lap [ ] Lap and shoulder  Rear seat middle [ ] Lap [ ] Lap and shoulder  Rear seat right [ ] Lap [ ] Lap and shoulder  Rear seat right [ ] Lap [ ] Lap and shoulder	AIR BAGS  10. Is your vehicle equipped with a driver's side air bag?  [ ] No (go to question 11)  [ ] Yes (go to question 10a)  [ ] Unknown (go to question 11)
(Identify seat belts for third row and beyond	10a. Did the air bag inflate during the accident? [ ] No (go to questions 10b and 10c) [ ] Yes (go to question 10e)

.

etional Accident Sampling System-Crashworthiness Data	a System: Interview Form (B) Page
1. Primary Sampling Unit Number 1	3. Vehicle Number
2. Case Number - Stratum 9916	4. Occupant Number
VEHICLE/DRIVER DATA O	LUESTIONS (CONTINUED)
12h. Were any of these items added after you owned the child safety seat?  [ ] Yes	OPTIONAL  If you do not know where the vehicle is or if the owner's permission is needed for inspection.  15. Do you know where the vehicle is currently located?  ———————————————————————————————————
( ) Tether strap) [ ] No [ ] Unknown	DRIVER ONLY
13. Was there any cargo in your vehicle?  [] No (If "No", go to question 14)  [] Yes (If "Yes", go to question 13a)  [] Unknown  13a. Can you estimate the weight of the cargo?  25'30 lbs.  Cargo description  Tenyl 5' Packets  14. Can you tell me the mileage on the vehicle?  4900 miles	17. What race do you consider yourself?
· ·	· ·

1. Primary Sampling Unit Number 3. Ve	hicle Number		
2. Case Number - Stratum 9 4 1 6 4. Oc	cupant Number		
VEHICLE ROLLOVER/FIRE QUESTIONS			
ROLLOVER QUESTIONS	FIRE QUESTIONS		
1. Did the vehicle rollover during the accident?    No (If "No", go to question 2.)  [ ) Yes  [ ] Unknown (skip to question 2)	2. Did the vehice experience a fire?  [ ] No (If "No", skip to Occupant Data Questions [ Yes [ ] Unknown [ ]		
1a. Describe where the rollover began.  [ ] On roadway  [ ] On shoulder  [ ] On roadside or median  [ ] Unknown	2a. Describe where the fire started or where smoke was seen.  [] Under the hood    Behind the instrument panel		
1b. What caused the vehicle to rollover? [ ] Other vehicle (specify vehicle number): [ ] Contacted object (specify): [ ] Other cause (specify):	[ ] From other involved vehicle [ ] Unknown  2b. Did the fire start with the electrical system?		
[ ] Unknown	[ ] No		
1c. Describe which direction the vehicle rolled.  [ ] Toward the right  [ ] Toward the left  [ ] End-over-end  [ ] Unknown	2c. Did the fire start with the fuel system?  [] Yes (go to question 2d)  [] Unknown		
1d. Estimate the number of sides (including the top and bottom) which contacted the ground during the rollover? [ ] 1 side [ ] 2 sides [ ] 3 sides [ ] 4 sides [ ] Unknown	2d. Describe which part of the fuel system that ma been involved?  [ ] No  [ ] Yes (specify):  Fuel tank Fuel lines Engine compartment (specify compo		
1e. Did the vehicle roll over more than one complete turn (more than 4 sides)? [ ] No (If "No", go to question 1g.) [ ] Yes	[ ] Unknown  (Go To Occupant Data Questions)		
1f. Estimate the number of complete turns.  [ ] No [ ] Yes (specify):	COMMENTS ON ROLLOVERS AND FIRES		
1g. When the verticle stopped rolling over, which side of the vehicle was in contact with the ground?  [ ] Left side   [ ] Right side   [ ] Top   [ ] Wheels   [ ] Unknown			

lational Accident Sampling System-Crashworthiness Date	a System: Interview Form (B) Page (
1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum. 9416	4. Occupant Number
OCCUPANT DA	TA QUESTIONS
1. Was there anyone else in your vehicle at the time of the accident?  [ ] No (If "No", go to question 4)  [ Yes (If "Yes", specify number in question 2 below and then go to question 3)  [ ] Unknown  [ ] Unknown  [ ] Unknown  [ ] **The time of the time of time	5d. Were you (Was he/she)    Sitting upright or   Leaning to left side, or   Leaning to right side?    OCCUPANT EJECTION
2. How many?  [1] One other person  [2] Two other persons  [3] Three other persons  [4] Four other persons  [5] Five other persons  [6] Six other persons  [7] Seven or more other persons  (specify number:)	<ul> <li>S. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?</li> <li>▶ No (If "No", go to question 7)</li> <li>[ ] Yes (If "Yes", go to question 6a)</li> <li>[ ] Unknown</li> <li>6a. Can you remember out of what area of the vehicle you were (he/she was) thrown?</li> <li>[ ] No</li> <li>[ ] Yes (Describe:)</li> </ul>
3. Where was this person sitting? (Circle seating positions)  [12]	OCCUPANT RESTRAINT  7. Were you (Was he/she) wearing a seat belt just before the accident?
OCCUPANT CHARACTERISTICS	[ ] No (If "No", go to question 8) [ ] Yes [ ] Unknown
4. Can I have your (his/her) height, weight, age, and sex?  Height 58" Weight 160 Age 33  Sex: 14 Male [] Female	7a. Were you (Was he/she) wearing the [ ] Lap belt? [ ] Lap and Shoulder belt? [ ] Shoulder belt?
5. Can you tell me how you (he/she was) were sitting in your vehicle?  PRANT POSTURE	7b. Can you describe how you were (he/she was) wearing the lap belt?  [ ] Across the stomach  [ ] Low on lap  [ ] Other (specify:)  [ ] Unknown
5a. Can you describe the location of your (his/her) feet just prior to/the collision?	7c. Can you describe how you were (he/she was) wearing the shoulder belt?  Over the shoulder  [ ] Under the arm  [ ] Behind the back  [ ] Behind the seat  [ ] Other (specify:)
- (B) on GAS other on toppen 5b. Can you describe the location of your (his/her) arms? Both on wheel	7d. Did any part of the belt system break or tear?   X  No     Yes (If "Yes", describe)
5c. Was your (his/her) back resting against the seat back rest? [ ] No (If "No", describe the position)	8. Were you (Was he/she) trapped in the vehicle?
Yes [ ] Unknown	[ ] Yes (If "Yes", describe)

National Accident Sampling System-Crashworthiness Data System: Interview Form (B)

Page 7

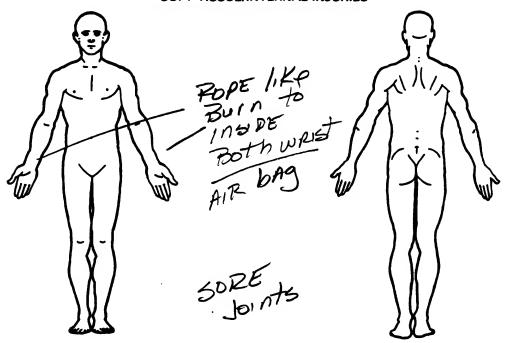
PSU Number / 0 Case Number Stratum 9 4 / 6 Vehicle Number 0 / Occupant Number 0 /

## INJURY DATA FROM INTERVIEWEE(S)

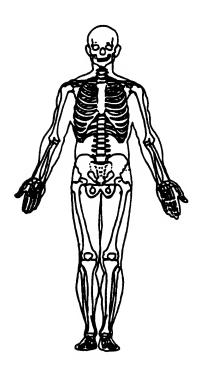
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s):\_

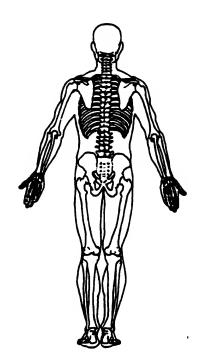
DRIVER

## SOFT TISSUE/INTERNAL INJURIES



#### **SKELETAL INJURIES**

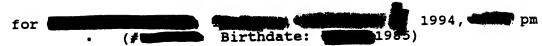




1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum 9416	4. Occupant Number
OCCUPANT INJURY	DATA QUESTIONS
1. Were you (Was he/she) injured?	5a. Do you know what caused this injury?
[ ] No (if "No", skip to question 7) [X] Yes (if "Yes", complete Occupant Injury Questions)	[ ] No [ ] Yes (If "Yes", specify the component(s) on the
[ ] Unknown	manikin(s).)
2. Did you (he/she) receive any cuts, abrasions, or bruises?	( )
[ ] No (go to question 3)  [X] Yes (If "Yes", record the exact location(s) and size	6. Did you (he/she) suffer any joint sprains or muscle
on the manikin(s).)	strains?
[ ] Unknown	[ ] No (If "No", go to question 7)
	Yes (If "Yes", specify on the manikin(s), and then
a a land and the state of the s	go to question 6a.)
2a. Do you know what caused your (his/her) injury(s)? [ ] No	
on the manikin(s).)	6a. Do you know what caused the injury(s)?
[ ] Unknown	<ul><li>[ ] No</li><li>[ ] Yes (If "Yes", specify the component(s) on the</li></ul>
	manikin(s).)
3. Did you (he/she) experience any broken bones?	☑ Unknown
☑ No (If "No", go to question 4)	
[ ] Yes (If "Yes", record the exact location(s) and type	
of fracture(s) on the manikin(s), and then go to	7. Did you (he/she) receive any treatment?  [xi] No (If "No", go to question 8)
question 3a.) [ ] Unknown	[ ] Yes (If "Yes", go to question 7a or return to question 2.)
3a. Do you know what caused the injury(s)?	
[ ] No	7a. Were you (Was he/she) treated by (check all tha
[ ] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [ ] Unknown	apply): [ ] Hospital/trauma center? (specify hospital name):
( ) Similari	[ ] Medical clinic
	[ ] Out patient surgery? (specify medica
4. Did you (he/she) injure your (his/her) head? (skull/brain?)	facility:)
<ul><li>No (If "No", go to question 5)</li><li>Yes (If "Yes", describe the type of injury(s) on the</li></ul>	[ ] A doctor in his/her office?
manikin(s), then go to question 4a.)	[ ] Treated at home?
[ ] Unknown	None of the above, go to question 8.
4a. Do you know what caused the injury(s)?	7b. Were you (Was he/she) treated and released from the emergency room?
4a. Do you know what caused the injury(s)?	[ ] No (If "No", go to question 7c.)
[ ] Yes (If "Yes", specify the component(s) on the manikin(s).)	[ ] Yes (If "Yes", go to question 7e.)
[ ] Unknown	
	7c. 'Were you (Was he/she) hospitalized?  ☑ No (If "No", give an explanation)
5. Were any of your (his/her) internal organs injured?	[ ] Yes (If "Yes", go to question 7d.)
(x) No (if "No", go to question 6)	, , , , , , , , , , , , , , , , , , , ,
[ ] Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on	
the manikin(s), and then go to question 5a.) [ ] Unknown	
( ) ( ) ( )	7d. How many days were you (was he/she) in the hospital days

tional Accident Sampling System-Crashworthiness Date	a System: Interview Form (B) Page
1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum 9416	4. Occupant Number
OCCUPANT INJURY DATA	QUESTIONS (CONTINUED)
7e. Have you (Has he/she) received any follow-up treatment?  No No No No No No No No No No No No No	8. Have you (he/she) lost any days from work or school (college)? [
[ ] No [ ] Yes (If "Yes", mail or present the form for signature.)	·
	·
	-

## Hospital Emergency Department , WI Aftercare Instructions



MOTE: We examined and treated today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check again. Report to your doctor any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If hed X-rays, we will review them within a day. We will call you if there are new suggestions. After you leave the hospital, FOLLOW THE INSTRUCTIONS BELOW.

## ABRASIONS (Scrapes).

Your child has scraped a thin layer off the surface of the skin. Until that heals, it will be more likely to get infected. You can help prevent infection and make the wound more comfortable by using an antibiotic ointment. Bacitracin is a good choice. You can get this without a prescription at the drug store. Clean the abrasion daily with mild soap & water. Then put on a thin layer of the ointment.

Watch carefully for signs of infection. They include increasing redness, pain or swelling, pus or red streaks coming from the wound, or fever. If you see any of these, <u>CALL YOUR DOCTOR</u>. Otherwise, expect it to heal well in 1 to 2 weeks.

#### BURNS (First Degree Burn).

A first degree burn has made the outer layer of skin red and sore. The skin is painful at first. Within hours the pain will start to go away. The pain should be gone in a day or two, but a blister may form. The skin should heal well within a week. It is not likely to leave a scar.

#### Watch for these signs of infection:

- worsening pain, redness or swelling.
- pus or red streaks coming from the wound.
- fever.

If has any new or severe symptoms, <u>CALL YOUR</u>

CHILD'S DOCTOR RIGHT AWAY.

#### HEAD INJURY (Concussion).

A concussion is any injury that shakes up the brain. Your child has had a concussion. The doctor found no serious brain or nerve problems. Your child should have no lasting problems from this injury.

Rarely, children have trouble later, even though the doctor's exam was normal. Wa ch your child carefully during

the next 24 hours. Have your child rest quietly for about a day. Offer liquids and simple foods.

If your child has any of the following, <u>CALL YOUR DOCTOR</u> RIGHT AWAY.

- -Repeated vomiting.
- -Headache that gets worse or lasts more than a day.
- -Unequal pupils (one large and one small).
- -Trouble seeing, walking or using the arms.
- -Dizziness, confusion, weird behavior or passing out.
- -Trouble in waking your child.
- -Convulsions.

Children react more strongly to head injuries. They can become pale, look sleepy, and vomit a few times. Watch closely if your child has any of these signs.

Wake your child to check for these problems every EIGHT hours.

#### ANTIBIOTIC OINTMENT.

Antibiotic ointments fight and prevent skin infections caused by bacteria. They are very safe medicines. Side effects are rare.

If your child has any new or severe symptoms while using the ointment, <u>CALL YOUR DOCTOR RIGHT AWAY</u>.

Leave the wound open to air. Use this medicine in the following dose: Gently wash the wound and put a thin layer of the ointment on it twice a day.

ACETAMINOPHEN DOSING (Tylenol, Panadol, Tempra, Etc.).

Use the table below to find your child's Tylenol dose. Find your child's age or weight on the left. Use the dose on the same line that matches the type of Tylenol that you will give.

Age	Weight	mg's	Drops	Elixer	Chewables	Adult
	#'s	1	ml's	tsp.	tabs	tabs
10-3-	  6-11 lbs	40	0.4	   1/4		
•	12-17lbs		0.8	1/2	<b>.</b>	<b>.</b>
12-23	18-23 lbs	120	1.2	3/4	1&1/2	
2-3yr	24-35lbs	160	1.6	1	2	*
4-5yr	36-47lbs	240	•	1&1/2	3	1 *
6-8yr	48-59lbs	320	•	2	4	1
•	r60-71lbs		i *	3	6	1 1

# Hospital Emergency Department , WI Aftercare Instructions for Birthdate: (# 1985)

|11 yr|72-95lbs| 480 | \* | \* | \* | 121/2 | | 12 and older may take 2 regular adult tablets | |\_\_\_\_\_(640mg total)\_\_\_\_\_

After finding the correct dose, give that every 4 hours as needed for fever or pain. Do not give more than the recommended dose without talking to your doctor. If your child has any new or severe syptoms, <u>CALL YOUR DOCTOR RIGHT AWAY.</u>

#### CLEAR LIQUID DIET.

For the next 1 - 2 days, your child's stomach and intestines need a rest. A clear liquid diet will help. This diet has foods that are liquid or become liquid at room temperature. You can see through clear liquids.

The following are examples of clear liquids:

- Strained juices (Apple, orange without pulp)
- Jello
- Broth or Consomm
- Gatorade
- Watered down caffeine-free soda pop if given without the
- Commercially made clear liquids for children, such as Pedialyte

After a day or two add bland cooked foods to your child's diet. If your child gets worse instead of better, <u>CALL YOUR DOCTOR</u>.

Call Dr. in 3 days if gets word doesn't improve. You can reach Dr. CLINIC at	se or
Call Dr. gets wor	se or
THESE ARE YOUR FOLLOW-UP INSTRUCTIONS!	****

#### YOU ARE THE MOST IMPORTANT FACTOR IN YOUR CHILD'S RECOVERY.

Follow the instructions carefully. Give medicines as prescribed. Seek further medical treatment or examination as discussed. If the has problems that we did not list, CALL YOUR DOCTOR right away. If you can't reach your doctor, come back to the Emergency Department. If you have questions, call us.

"! understand	the	instruction	as written	above, and as
discussed."				
X				
	Par	ent of Guardi	an	
			na	
		M.D. or R.N.		

#### SEATBELTS AND CARSEATS.

There is no doubt that seatbelts and carseats save lives. Here in the Emergency Room we see every day how unseatbelted people are hurt much more severely. We always buckle-up! Please do the same!

	shicle Number O 1
2. Case Number - Stratum 9416 4. 0	ccupant Number <u>0</u> 2
OCCUPANT DATA QU	ESTIONS SUPPLEMENT
1. Who was the next occupant in your vehicle at the time of the accident?  My 50 N	5d. Were you (Was he/she) [ ] Sitting upright or [ ] Leaning to left side, or [ ] Leaning to right side?
	OCCUPANT EJECTION
2. Occupant Number 2 of 2.	6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?  [No (If "No", go to question 7)  [] Yes (If "Yes", go to question 6a)  [] Unknown
3. Where were you (was this person) sitting? (Circle seating positions)  [12] [13] [21] [22] [23] [31] [32] [33]	6a. Can you remember out of what area of the vehicle you were (he/she was) thrown?  [ ] No  [ ] Yes (Describe:)
[ ] Other (specify:)	OCCUPANT RESTRAINT
OCCUPANT CHARACTERISTICS  4. Can I have your (his/her) height, weight, age, and sex?  Height 4/3 Weight 58 Age 8  Sex: M Male [] Female  OCCUPANT POSTURE	7. Were you (Was he/she) wearing a seat belt just before the accident?  [ ] No (If "No", go to question 8)  [ ] Yes [ ] Unknown  7a. Were you (Was he/she) wearing the [ ] Lap belt? [ ] Shoulder belt? [ ] Shoulder belt?
	7b. Can you describe how you were (he/she was) wearing
5. Can you tell me how you (he/she) was sitting in the vehicle?  No Middle of seat	the lap belt? [ ] Across the stomach Low on lap [ ] Other (specify:) [ ] Unknown
ia. Can you describe the location of your (his/her) feet just prior to the collision?	7c. Can you describe how you were (he/she was) wearing the shoulder belt?   ✓ Over the shoulder
HAnging OVER SEAT	[ ] Under the arm [ ] Behind the back [ ] Behind the seat [ ] Other (specify:)
b. Can you describe the location of your (his/her) arms?	7d. Did any part of the belt system break or tear?
Dlaying w/ Toys	[ ] Yes (If "Yes", describe)
ic. Was your (his/her) back resting against the seat back rest?  [No (If "No", describe the position)    Cana for nare)	OCCUPANT ENTRAPMENT  8. Were you (Was he/she) trapped in the vehicle?
[ ] Yes / [ ] Unknown	DY No [ ] Yes (If "Yes", describe)
	[ ] Unknown

National Accident Sampling System-Crashworthiness Data System: Interview Form - Supplement Case Number-Stratum 9416 Vehicle Number 01 Occupant Number 02 PSU Number / O INJURY DATA FROM INTERVIEWEE(S) Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s):\_\_\_\_ SOFT TISSUE/INTERNAL INJURIES memory 1055 **SKELETAL INJURIES** 

CCCUPANT INJURY DAT  Have you (Has he/she) received any follow-up treatment?  [] No  Yes (If "Yes", describe:)  [] Unknown	A QUESTIONS (CONTINUED)  8. Have you (he/she) lost any days from work or s (college)?    No   Yes (If "Yes", determine the number of days (Specify:)	
CCCUPANT INJURY DAT  Have you (Has he/she) received any follow-up treatment?  [ ] No  Yes (If "Yes", describe:)	8. Have you (he/she) lost any days from work or s (college)?    No   Yes (If "Yes", determine the number of days (Specify:)	
Have you (Has he/she) received any follow-up treatment? [ ] No [X] Yes (If "Yes", describe:)	8. Have you (he/she) lost any days from work or s (college)?    No   Yes (If "Yes", determine the number of days (Specify:)	
treatment? [ ] No [ Yes (If "Yes", describe:)    DR	(college)?  [X] No [ ] Yes (If "Yes", determine the number of days	
Yes (If "Yes", describe:)  DR	[ ] Yes (If "Yes", determine the number of days (Specify:) [ ] Not working prior to the accident	s lost
DR	(Specify:)  [ ] Not working prior to the accident	
[] Unknown		
In order to achieve the best possible scientific dat		
regarding your (his/her) injury(s), we need to obtain copy of your (his/her) medical reports. Would yo (he/she) sign a medical release form?	u l	
[ ] No [X] Yes (If "Yes", mail or present the form for	or I	
signature.)		
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## Appendix G:

NASS CDS INTERVIEW FORM: VEHICLE #2 DRIVER



U.S. Department of Transportation National Highway Traffic Safety Administration

## INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	Interviewee(s) Role or Name(s):			
2. Case Number - Stratum 9 4 1 6	DRIVER			
3. Vehicle Number <u>0</u> <u>2</u>				
Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.				
If the driver was not the person interviewed, was an appointment made for a follow-up interview?				
DRIVER'S DESCR	IPTION OF ACCIDENT EVENTS			
<u> </u>				
I was E/B on	HE was South stop sign. And continued. Front Fender. There's from his direction. I as going over Umit He			
I stopped at	stop sign. And continued.			
He hit me Lett	front fender. There's			
a slight slope	from his direction. I			
Think he he wo	us going over Umil He			
left 8' 5Kids.				
MAILING ADRESS IN				
WISC				
Wisc	DR			
	CRIPTION OF ACCIDENT EVENTS			
OMNI TAKEN to	Auto SAlvago			
ASK for	7, WISC			

## ACCIDENT DIAGRAM



The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

NORTH



#### U.S. Department of Transportation

National Highway Traffic Safety

## **INTERVIEW FORM (B)**

NATIONAL ACCIDENT SAMPLING SYSTEM

<b>Leministration</b>	WILL ALL GEOMETRICAL CONTRACTOR			
1. Primary Sampling Unit Number 15 Into 2. Case Number - Stratum 9 4 1 6 - 3. Vehicle Number	Prviewee(s) Role or Name(s):  DRIVER			
ACCIDENT DATA QUESTIONS				
1. Can you tell me in which direction you were traveling  [ ] North [ ] South [ ] East [ ] West  (Optional - Where were you coming from or going to  2. In which lane were you traveling? (Note: Lane 1 is designated as the right curb lane.)  [1] [2] [3] [4] [ ] Other (specify):  3. Can you remember your estimated travel speed (in mile per hour) before the accident?  [ ] Stopped [ ] 1 (0) [ ] 10-20  [ ] 20-30 [ ] 30-40 [ ] 40-50  [ ] 50-60 [ ] 60-70 [ ] 70+  4. Just before the accident, can you tell me what you we intending to do or were doing?      Going straight [ ] Stopped [ ] Turning left [ ] Turning night [ ] Turning left [ ] Turning night [ ] Changing lanes to right [ ] Changing lanes to right [ ] Changing lanes to right [ ] Stopped [ ] Other (specify):  5. Did you experience any loss of control due to weath conditions or mechanical problems?	6a. What actions did you take?  [ ] Braking with lock-up [ ] Braking without lock-up [ ] Releasing brakes [ ] Accelerating [ ] Steering left [ ] Steering right [ ] Other (specify):  7. Where was your vehicle at the time of the collision?  [ ] Original travel lane [ ] Different travel lane [ ] In intersection [ ] Off roadway to right [ ] Other (specify):  8. Was your travel speed at the time of the collision different from your previous travel speed?    No			
6. Did you have to take any <u>avoidance actions prior to 1 accident?</u> [X] No - Go to question 7  [ ] Yes - Go to question 6a	10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?  MIGHT HAVE HAD SIDE SIAP.  RANCO Fender.			

ational Accident Sampling System-Crashworthiness Data	
1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum 9416	4. Occupant Number
VEHICLE/DRIVER D	DATA QUESTIONS
1. Can you tell me the year, make, model of your vehicle?  1 986, Dodge, OMNT  Year Make Model  2. Can you describe the damage to your vehicle?  5/DE	7b. Were any of the belts removed or not functional prior to the accident?  [ ] No  [ ] Yes ( If "Yes", specify which belt and describe problem)
3. Was there any previous damage to your vehicle that is not related to this accident?  No  Yes (If "yes", describe below)	8. Do any of the front belts move along a motorized track when the door is opened or closed?  [ No (If "No", go to question 9) [ ] Yes (If "Yes", what seat location?)  [ ] Left Front [ ] Right Front
4. Did any of the doors (hatch, tailgate) open during the accident?  No  [ ] Yes (If "Yes", describe below)	8a. Were the motorized belts working properly before the accident?  [ ] No (If "No", describe condition below)  [ ] Yes
5. Did any of the windows break during the accident?  [ ] No  Polyes (If "Yes", describe below)  WINDShield CRACKED.	8b. Were the belts connected to the track prior to the accident?  [ ] No  [ ] Yes  [ ] Unknown
6. Does your vehicle have a glove compartment?  [ ] No [XYes	<ul> <li>9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?</li> <li>No (go to question 10)</li> <li>Yes</li> </ul>
6a. Did the glove compartment door come open during the accident?  [ ] No [ ] Yes [ ] Unknown	9a. Does this belt come across the? [ ] Chest only [ ] Lap and chest
7. Does your vehicle have "seat belts"?  [ ] No (If "No", go to question 7b)  [ Yes (If "Yes", go to question 7a)	9b. Was this belt connected prior to the accident? [ ] No [ ] Yes [ ] Unknown
7a. Can you describe the type of seat belt for each seat? Driver's seat [] Lap ['Lap and shoulder Front seat middle [] Lap [ Lap and shoulder Front seat right [] Lap [] Lap and shoulder Rear seat left [] Lap [] Lap and shoulder Rear seat middle [] Lap [] Lap and shoulder Rear seat right [] Lap [] Lap and shoulder (Identify seat belts for third row and beyond	AIR BAGS  10. Is your vehicle equipped with a driver's side air bag?  No (go to question 11)  [ ] Yes (go to question 10a)  [ ] Unknown (go to question 11)  10a. Did the air bag inflate during the accident?  [ ] No (go to questions 10b and 10c)  [ ] Yes (go to question 10e)

1. Primary Sampling Unit Number  2. Case Number - Stratum  9416	3. Vehicle Number  4. Occupant Number
	DUESTIONS (CONTINUED)
2h. Were any of these items added after you owned the child safety seat?  [ ] Yes	OPTIONAL  If you do not know where the vehicle is or if the owner's permission is needed for inspection.  15. Do you know where the vehicle is currently located?  16. May I take a look at your vehicle to assess the damage?  [] No [] Yes
[ ] No [ ] Unknown	DRIVER ONLY
CARGO WEIGHT AND MILEAGE  13. Was there any cargo in your vehicle?  [ ] No (If "No", go to question 14)  [ ] Yes (If "Yes", go to question 13a)  [ ] Unknown  3a. Can you estimate the weight of the cargo?	17. What race do you consider yourself?
-	- · ·
	1

1. Primary Sampling Unit Number	hicle Number 02
	<u> </u>
	cupant Number
VEHICLE ROLLOVE	R/FIRE QUESTIONS
ROLLOVER QUESTIONS	FIRE QUESTIONS
1. Did the vehicle rollover during the accident?  [ ] No (If "No", go to question 2.)  [ ] Yes  [ ] Unknown (skip to question 2)	2. Did the vehice experience a fire?  No (If "No", skip to Occupent Data Questions)  Yes  Unknown
1a. Describe where the rollover began.  [ ] On roadway [ ] On shoulder [ ] On roadside or median [ ] Unknown  1b. What caused the vehicle to rollover? [ ] Other vehicle (specify vehicle number):	2a. Describe where the fire started or where smoke was fire.  [ ] Under the hood [ ] Behind the instrument panel [ ] In the passenger compartment [ ] In the trunk/cargo area [ ] Under the vehicle [ ] From other involved vehicle [ ] Unknown
[ ] Contacted object (specify): [ ] Other cause (specify): [ ] Unknown	2b. Did the fire start with the electrical system? [ ] No [ ] Yes (specify): [ ] Unknown
1c. Describe which direction the vehicle rolled.  [ ] Toward the right [ ] Toward the left [ ] End-over-end [ ] Unknown	2c. Did the fire start with the fuel system?  [ ] No (If "No", skip to Occupant Data Questions)  [ ] Yes (go to question 2d)  [ ] Unknown
1d. Estimate the number of sides (including the top and bottom) which contacted the ground during the rollover?  [ ] 1 side  [ ] 2 sides  [ ] 3 sides  [ ] 4 sides  [ ] Unknown  1e. Did the vehicle roll over more than one complete turn (more than 4 sides)?  [ ] No (If "No", go to question 1g.)  [ ] Yes	2d. Describe which part of the fuel system that may he been involved?  [ ] No  [ ] Yes (specify): Fuel tank
1f. Estimate the number of complete turns.  [ ] No [ ] Yes (specify): [ ] Unknown	COMMENTS ON ROLLOVERS AND FIRES
1g. When the verticle stopped rolling over, which side of the vehicle was in contact with the ground?  [ ] Left side [ ] Right side [ ] Top [ ] Wheels [ ] Unknown	

1. Primary Sampling Unit Number 2. Case Number - Stratum.  946  OCCUPANT DATA QUESTIONS  1. Was there anyone else in your vehicle at the time of the accident?  1. Was there anyone else in your vehicle at the time of the accident?  1. Was there anyone else in your vehicle at the time of the accident?  1. Was there anyone else in your vehicle at the time of the accident?  1. Was there anyone else in your vehicle at the time of the accident?  1. Were you (Was he/she)  1. String unified or  1. Learning to left side, or  1. Learning to left side	lational Accident Sampling System-Crashworthiness Data	System: Interview Form (B) Page 6
2. Case Number - Stratum.  Q 4 6 Occupant Number  OCCUPANT DATA QUESTIONS  1. Was there anyone else in your vehicle at the time of the accident?   A	12	
1. Was there anyone else in your vehicle at the time of the accident?  1. Was (if "No", go to question 4)  W Yes (if "Yes", specify number in question 2 below and then go to question 3)  1. Unknown  2. How man?  1. Done other persons  12. Two other persons  13. Three other persons  14. Four other persons  15. Five other persons  16. Six other persons  17. Seven or more other persons  18. Six other persons  19. Two other persons  19. Two other persons  19. Seven or more other persons  19. Seven or more other persons  19. Seven or more other persons  19. Type other persons  19. Seven or more other persons  19. Yes (if "Yes", go to question 6a)  19. Ves (Describer)  19. No (if "No", go to question 8b.  20. Can you (Was he/she) wearing a seat belt just before a coident?  19. No (if "No", go to question 8b.  20. Yes  21. Unknown  22. Labour persons  23. Where you (Was he/she) wearing a seat belt just before a coident?  24. Can if "No", go to question 8b.  25. Can you describe how you were (he/she was) wearing the [1] but belt?  26. Lan you describe how you were (he/she was) wearing the persons  27. No (if "No", go to question 8b.  28. Were you (Was he/she) wearing a seat belt just before a coident?  29. No (if "No", go to question 8b.  20. Can you describe how you were (he/she was) wearing the labour belt?  20. Lan you describe how you were (he/she was) wearing the lab	91111	4. Occupant Number
Secondary   1		TA QUESTIONS
2. How many?  (1) One other person (2) Two other persons (3) Three other persons (4) Four other persons (5) Five other persons (5) Six other persons (6) Six other persons (6) Six other persons (7) Seven or more other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (8) Six other persons (9) Six other persons (9) Six other persons (1) Ves (8) Six other persons (1) No (8) Six other persons (1) No (8) Six other persons (1) No (8) Six other persons (9) Six other persons (1) Ves (9) Six other persons (9) Six other persons (1) Ves (9) Six other persons (9) Six other persons (1) No (1) Six other persons (9) Six other six other persons (1) No (1) Six other persons (1) No (1) Six other persons (1) No (1) Six other persons (1) No (1) Six other persons (1) No (1) Six other persons (1) No (1) Six other persons (1) No (1) Six other persons (1) No (1) Six other persons (1) No (1) Six other persons (1) No (1) Six other persons (1) No (1) S	accident? [ ] No (If "No", go to question 4) [) Yes (If "Yes", specify number in question 2 below and then go to question 3)	[ ] Sitting upright or [ ] Leaning to left side, or [ ] Leaning to right side?
121   123	[1] One other person [2] Two other persons [3] Three other persons [4] Four other persons [5] Five other persons [6] Six other persons [7] Seven or more other persons (specify number:)	No (If "No", go to question 7) [ ] Yes (If "Yes", go to question 6a) [ ] Unknown  6a. Can you remember out of what area of the vehicle you were (he/she was) thrown? [ ] No
Ves   Unknown	[12] [13] [21] [22] [23] [31] [32] [33]	7. Were you (Was he/she) wearing a seat belt just before the accident?
Height 5/152 Sex: [] Male	OCCUPANT CHARACTERISTICS	Yes
the lap belt?  5. Can you tell me how you (he/she was) were sitting in your vehicle?  4. Can you describe the location of your (his/her) feet just prior to the collision?  5a. Can you describe the location of your (his/her) feet just prior to the collision?  6. Can you describe the location of your (his/her) feet just prior to the collision?  6. Can you describe how you were (he/she was) wear the shoulder belt?  6. DAS OTHER  7. Over the shoulder  7. DEPAN.  7. DEPAN.  7. Did any part of the belt system break or tear?  7. I No  7. Did any part of the belt system break or tear?  7. I No  8. Were you (Was he/she) trapped in the vehicle?  7. I No  8. Were you (Was he/she) trapped in the vehicle?  7. I No  8. Were you (Was he/she) trapped in the vehicle?		[ ] Lap belt? [ ] Lap and Shoulder belt? [ ] Shoulder belt?
the shoulder bet?  (1) Over the shoulder  [2] Under the arm [3] Behind the back [4] Behind the seat [5] Other (specify:)    Dot   Dot   Dot   Dot	5. Can you tell me how you (he/she was) were sitting in your vehicle?	the lap belt? [ ] Across the stomach [ ] Low on lap [ ] Other (specify:)
5b. Can you describe the location of your (his/her) arms?  Both hands on  Geering wheel  5c. Was your (his/her) back resting against the seat back rest?  [] No  []	5a. Can you describe the location of your (his/her) feet just prior to the collision?  - one on GAS other	[ ] Over the shoulder [ ] Under the arm [ ] Behind the back [ ] Behind the seat [ ] Other (specify:)
5c. Was your (his/her) back resting against the seat back rest?  [ ] No (If "No", describe the position)  8. Were you (Was he/she) trapped in the vehicle?  [ ] No	5b. Can you describe the location of your (his/her) arms?	[ ] No [ ] Yes (If "Yes", describe)
( ) You Mi "You" describe)	5c. Was your (his/her) back resting against the seat back rest?	OCCUPANT ENTRAPMENT  8. Were you (Was he/she) trapped in the vehicle?
[ ] Unknown	Yes [ ] Unknown	[ ] Yes (If "Yes", describe)

National Accident Sampling System-Crashworthiness Data System: Interview Form (B)

PSU Number 1

Case Number-Stratum 9416 Vehicle Number 02 Occupant Number 01

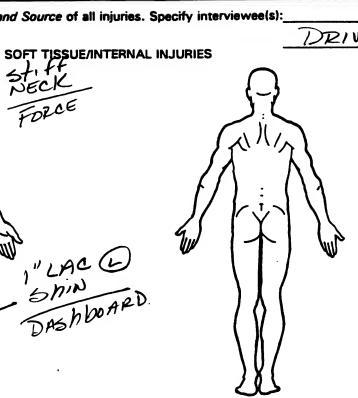
## INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s):

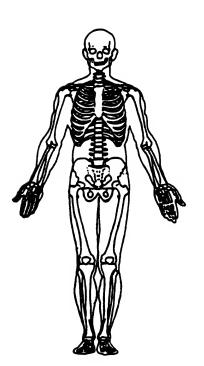
DRIVER

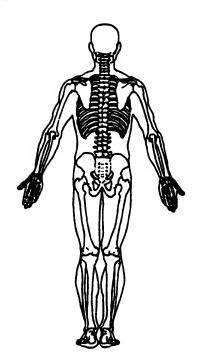


JASHBOARD.



**SKELETAL INJURIES** 





1. Primary Sampling Unit Number / O	3. Vehicle Number
2. Case Number - Stratum 9416	4. Occupant Number
OCCUPANT INJURY	DATA QUESTIONS
1. Were you (Was he/she) injured?  [ ] No (If "No", skip to question 7)  [ ] Yes (If "Yes", complete Occupant Injury Questions)  [ ] Unknown	5a. Do you know what caused this injury? [ ] No [ ] Yes (If "Yes", specify the component(s) on the manikin(s).)
Did you (he/she) receive any cuts, abrasions, or bruises?     No (go to question 3)	[ ] Unknown
Yes (If "Yes", record the exact location(s) and size on the manikin(s).)  [ ] Unknown	<ul> <li>6. Did you (he/she) suffer any joint sprains or muscle strains?</li> <li>[ ] No (If "No", go to question 7)</li> <li>[∠] Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)</li> </ul>
2a. Do you know what caused your (his/her) injury(s)? [ ] No [X] Yes (If "Yes", specify the component(s) or object(s)	[ ] Unknown
on the manikin(s).)  [ ] Unknown	6a. Do you know what caused the injury(s)? . [ ] No
3. Did you (he/she) experience any broken bones?  [X] No (If "No", go to question 4)  [ ] Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)  [ ] Unknown	[ ] Unknown  7. Did you (he/she) receive any treatment? [ ] No (If "No", go to question 8)  ☑ Yes (If "Yes", go to question 7a or return to question 2.)
3a. Do you know what caused the injury(s)?  [ ] No [ ] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [ ] Unknown	7a. Were you (Was he/she) treated by (check all that apply):  [ ] Hospital/trauma center? (specify hospital name):    Medical clinic   Mext   Day
4. Did you (he/she) injure your (his/her) head? (skull/brain?)    No (If "No", go to question 5)    Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)    Unknown	[ ] Out patient surgery? (specify medical facility:) [ ] Paramedics or first aid at the scene? [ ] A doctor in his/her office? [ ] Treated at home? [ ] None of the above, go to question 8.
4a: Do you know what caused the injury(s)?  [ ] No [ ] Yes (If "Yes", specify the component(s) on the manikin(s).) [ ] Unknown	7b. Were you (Was he/she) treated and released from the emergency room?  [] No (If "No", go to question 7c.)  [X] Yes (If "Yes", go to question 7e.)
5. Were any of your (his/her) internal organs injured?  [X] No (If "No", go to question 6)  [ ] Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)	7c. 'Were you (Was he/she) hospitalized?  [ ] No (If "No", give an explanation)  [ ] Yes (If "Yes", go to question 7d.)
[ ] Unknown	7d. How many days were you (was he/she) in the hospital?

Primary Sampling Unit Number	3. Vehicle Number
	4. Occupant Number
Case Number - Stratum 7 7 7 6	
OCCUPANT INJURY DATA	QUESTIONS (CONTINUED)
e. Have you (Has he/she) received any follow-up treatment? [½] No [] Yes (If "Yes", describe:)	8. Have you (he/she) lost any days from work or scho (college)?  [ ] No  [ ] Yes (If "Yes", determine the number of days lost (Specify:)  [ ] Not working prior to the accident [ ] Unknown
f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?  [ ] No [ ] Yes (If "Yes", mail or present the form for signature.)	Clinic W15C

National Accident Sampling System-Crashworthiness Date	1.2
$0.1\overline{1}$	ehicle Number
2. Case Number - Stratum 94 16 4. 0	ccupant Number
OCCUPANT DATA QU	ESTIONS SUPPLEMENT
1. Who was the next occupant in your vehicle at the time of the accident?  MY Little NEIGHBOR	5d. Were you (Was he/she)  [
2. Occupant Number 2 of 2.	6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident? [□] No (If "No", go to question 7) [□] Yes (If "Yes", go to question 6a) [□] Unknown
3. Where were you (was this person) sitting? (Circle seating positions)  [12] [13] [21] [22] [23] [31] [32] [33] [ ] Other (specify:)	6a. Can you remember out of what area of the vehicle you were (he/she was) thrown?  [ ] No [ ] Yes (Describe:)  OCCUPANT RESTRAINT
( ) Other (specify:)	7. Were you (Was he/she) wearing a seat belt just before
4. Can I have your (his/her) height, weight, age, and sex?  Height 49 Weight 90 Age 13  Sex: [X] Male [] Female	the accident? [ ] No (If "No", go to question 8) [ Yes [ ] Unknown  7a. Were you (Was he/she) wearing the [ ] Lap belt?
OCCUPANT POSTURE	[ ] Shoulder beit?
5. Can you tell me how you (he/she) was sitting in the vehicle?  UPRIGHT	7b. Can you describe how you were (he/she was) wearing the lap belt?  [ ] Across the stomach  [ ] Cother (specify:)  [ ] Unknown
5a. Can you describe the location of your (his/her) feet just prior to the collision?  Both feet or  Flour	7c. Can you describe how you were (he/she was) wearing the shoulder belt?  Over the shoulder  Under the arm  Behind the back  Behind the seat  Other (specify:)
5b. Can you describe the location of your (his/her) arms?  CRAdling R hand  In Lap	7d. Did any part of the belt system break or tear? [ ] No [ ] Yes (If "Yes", describe) [ ] Unknown
5c. Was your (his/her) back resting against the seat back rest?	OCCUPANT ENTRAPMENT
[ ] No (If "No", describe the position)  At Yes [ ] Unknown	8. Were you (Was he/she) trapped in the vehicle?  [ ] No [ ] Yes (If "Yes", describe)

National Accident Sampling System-Crashworthiness Data System: Interview Form - Supplement

PSU Number

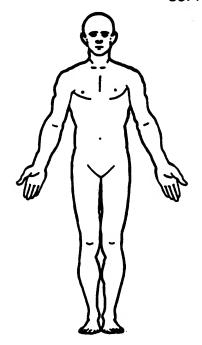
Case Number-Stratum 9416 Vehicle Number 02

Occupant Number 02

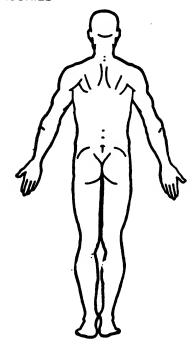
## INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): 721VER

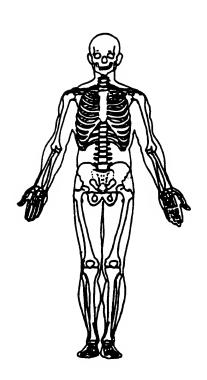
## SOFT TISSUE/INTERNAL INJURIES

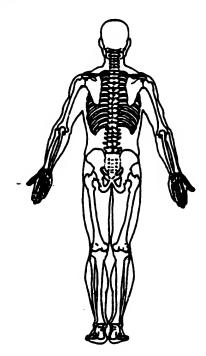


NONE



SKELETAL INJURIES





1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum 9416	4. Occupant Number
OCCUPANT INJURY	DATA QUESTIONS
1. Were you (Was he/she) injured?  No (If "No", skip to question 7)  Yes (If "Yes", complete Occupant Injury Questions)  Unknown  2. Did you (he/she) receive any cuts, abrasions, or bruises?	5a. Do you know what caused this injury?  [ ] No [ ] Yes (if "Yes", specify the component(s) on the manikin(s).)  [ ] Unknown
[ ] No (go to question 3) [ ] Yes (If "Yes", record the exact location(s) and size on the manikin(s).) [ ] Unknown	<ul><li>6. Did you (he/she) suffer any joint sprains or muscle strains?</li><li>[ ] No (If "No", go to question 7)</li><li>[ ] Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)</li></ul>
2a. Do you know what caused your (his/her) injury(s)?  [ ] No  [ ] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)  [ ] Unknown	[ ] Unknown  6a. Do you know what caused the injury(s)? [ ] No [ ] Yes (If "Yes", specify the component(s) on the manikin(s).)
3. Did you (he/she) experience any broken bones?  [ ] No (If "No", go to question 4)  [ ] Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)  [ ] Unknown	[ ] Unknown  7. Did you (he/she) receive any treatment? [2] No (If "No", go to question 8) [ ] Yes (If "Yes", go to question 7a or return to question 2.)
3a. Do you know what caused the injury(s)? [ ] No [ ] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)	7a. Were you (Was he/she) treated by (check all that apply): [ ] Hospital/trauma center? (specify hospital name):
[ ] Unknown  4. Did you (he/she) injure your (his/her) head? (skull/ brain?) [ ] No (If "No", go to question 5) [ ] Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.) [ ] Unknown	[ ] Medical clinic [ ] Out patient surgery? (specify medical facility:) [ ] Paramedics or first aid at the scene? [ ] A doctor in his/her office? [ ] Treated at home? [ ] None of the above, go to question 8.
4a. Do you know what caused the injury(s)?  [ ] No [ ] Yes (If "Yes", specify the component(s) on the manikin(s).) [ ] Unknown	7b. Were you (Was he/she) treated and released from the emergency room? [ ] No (If "No", go to question 7c.) [ ] Yes (If "Yes", go to question 7e.)
5. Were any of your (his/her) internal organs injured? [] No (If "No", go to question 6) [] Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.) [] Unknown	7c. Were you (Was he/she) hospitalized? [ ] No (If "No", give an explanation) [ ] Yes (If "Yes", go to question 7d.)  7d. How many days were you (was he/she) in the hospital?

. Case Number - Stratum  OCCUPANT INJURY DATA QUESTIONS (CONTINUED)  7e. Have you (Has he/she) received any follow-up treatment?  [] No [] Yes (If "Yes", describe:)  OCCUPANT INJURY DATA QUESTIONS (CONTINUED)  8. Have you (he/she) lost any days from (college)?  [] No [] Yes (If "Yes", describe:)	0/
CCUPANT INJURY DATA QUESTIONS (CONTINUED)  8. Have you (Has he/she) received any follow-up treatment?  [] No  [] Yes (If "Yes", describe:)  8. Have you (he/she) lost any days from (college)?  [] No  [] Yes (If "Yes", describe:)	
8. Have you (Has he/she) received any follow-up treatment? [] No [] Yes (If "Yes", describe:)  8. Have you (he/she) lost any days from (college)? [  No [] Yes (If "Yes", describe:)	
[ ] Unknown [ ] Unknown	
f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?  [ ] No [ ] Yes (If "Yes", mail or present the form for	
signature.)	•
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## Appendix H:

# NASS CDS OCCUPANT ASSESSMENT FORM: CASE VEHICLE DRIVER



## OCCUPANT ASSESSMENT FORM

Form Approved
O.M.R. No. 2127-0021

denel Highway Traffic Safety ministration	CRASHWORTHINESS DATA SYSTE
1. Primary Sampling Unit Number / D	OCCUPANT'S SEATING
9 4 1 10	10. Occupant's Seat Position
2. Case Number - Stratum 7770	Front Seat (11) Left side
3. Vehicle Number	(12) Middle
4. Occupant Number	(13) Right side
OCCUPANT'S CHARACTERISTICS	(14) Other (specify):(15) On or in the lap of another occupant
	(15) On or in the lap of another occupant
5. Occupant's Age 3 3	Second Seat
Code actual age at time of accident.	(21) Left side (22) Middle
(00) Less than one year old (specify by month):	(23) Right side
	(24) Other (specify):
(97) 97 years and older	(25) On or in the lap of another occupant
(99) Unknown	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Third Seat
1	(31) Left side
6. Occupant's Sex	(32) Middle (33) Right side
(1) Male	(33) Right side (34) Other (specify):
(2) Female	(35) On or in the lap of another occupant
(9) Unknown	(55) On or in the tap or exercise coopering
	Fourth Seat
. 7 7	(41) Left side
7. Occupant's Height	(42) Middle
Code actual height to the nearest	(43) Right side
centimeter.	(44) Other (specify):(45) On or in the lap of another occupant
(999) Unknown	(45) On or in the lap of another occupant
$\frac{1}{6}$ inches X 2.54 = $\frac{1}{7}$ centimeters	(97) In or on unenclosed area
O Inches X 2.54 = 1 1 C Centumbrers	(98) Other seat (specify):
	(99) Unknown
A 7 2	
8. Occupant's Weight 5 7 3	-
Code actual weight to the nearest	11. Occupant's Posture
kilogram. (999)Unknown	(0) Normal posture
51	Abnormal posture
$\frac{1}{2} \frac{60}{2}$ pounds x .4536 = $\frac{6}{2} \frac{7}{2}$ kilograms	(1) Kneeling or standing on seat
	(2) Lying on or across seat
	(3) Kneeling, standing or sitting in front of seat
1	(4) Sitting sideways or turned to talk with anothe occupant or to look out a rear window
9. Occupant's Role	(5) Sitting on a console
(1) Driver	(6) Lying back in a reclined seat position
(2) Passenger	(7) Bracing with feet or hands on a surface in fron
(9) Unknown	of seat (8) Other abnormal posture (specify):
	(9) Unknown
	1

EJECTION/ENTRAPMENT			
12.	Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) O (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13.	Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	٥	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
14.	Ejection Medium  (0) No ejection  (1) Door/hatch/tailgate  (2) Nonfixed roof structure  (3) Fixed glazing  (4) Nonfixed glazing (specify):  (5) Integral structure  (8) Other medium (specify):  (9) Unknown	<u>0</u>	
,			

RESTRAINT SYST	EM EVALUATION
17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown  Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag  Non-functional (2) Air bag disconnected (specify):  (3) Air bag not reinstalled (9) Unknown
(8) Other belt (specify):  (9) Unknown  18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify):  (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt	22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire,
(05) Belt used—type unknown (08) Other belt used (specify):  (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used	explosion, electrical) (9) Unknown  23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify):  (9) Unknown
19. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat  Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify):	Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts  24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify):  LAPS Shoulder + AIR  (8) Restrained, type unknown (9) Police indicated "unknown"
20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify):	

	HEAD RESTRAINT AN	D SEAT EVALUATION
25.	Head Restraint Type/Damage by Occupant at This Occupant Position  (0) No head restraints  (1) Integral—no damage  (2) Integral—damaged during accident  (3) Adjustable—no damage  (4) Adjustable—damaged during accident  (5) Add-on—no damage  (6) Add-on—damaged during accident  (8) Other (specify):	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify):
	(9) Unknown	(7) Combination of above (specify):
26.	Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back	(8) Other (specify): (9) Unknown
	(02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify):  (10) Box mounted seat (i.e., van type) (99) Unknown	
		·
-		<u>.</u>
		. •

СНІ	LD SAF	FETY SEAT
28. Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CI	<u>D</u>	
Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify):	32. Child Safety Seat Shield Usage	
(998) Unknown make/model (999) Unknown if child safety seat used		33. Child Safety Seat Tether Usage  Note: Options below applicable to Variables OA31-OA33.
29. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat	0	(00) No child safety seat  Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added
<ul> <li>(7) Other type child safety seat (specify):</li> <li>(8) Unknown child safety seat type</li> <li>(9) Unknown if child safety seat used</li> </ul>		(09) Unknown if harness/shield/tether added or used  Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used
30. Child Safety Seat Orientation (00) No child safety seat  Designed for Rear Facing for This Age/Weig (01) Rear facing (02) Forward facing (08) Other orientation (specify):  (09) Unknown orientation  Designed For Forward Facing for This Age/V (11) Rear facing (12) Forward facing (18) Other orientation (specify):  (19) Unknown orientation		Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used
Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify):  (29) Unknown orientation  (99) Unknown if child safety seat used		

INJURY CONSEQUENCES	38. Working Days Lost
1	Code the number of days
34. Injury Severity (Police Rating)	(up through 60) that the occupant
	lost from work due to the accident
(0) O - No injury	(00) No working days lost
(1) C - Possible injury	(61) 61 days or more
(2) B - Nonincapacitating injury	(62) Fatally injured
(3) A - Incapacitating injury (4) K - Killed	(97) Not working prior to accident
(5) U - Injury, severity unknown	(99) Unknown
(6) Died prior to accident	
(9) Unknown	STOP - GO TO VARIABLE 44 ON PAGE 7
(e) cinale	SIO! GO IO VAIDABLE 47 DIVVAGE /
	VARIABLES 39 THROUGH 43 ARE
35. Treatment - Mortality	COMPLETED BY THE ZONE CENTER
(0) No treatment	
(1) Fatal	<b>*</b> •
(2) Fatal - ruled disease (specify):	39. Time to Death
	Code number of hours from time of
Monfotol	accident to time of death up through 24
Nonfatal (3) Hospitalization	hours. If time of death is greater than 24
(4) Transported and released	hours, code number of days. (Note: 1 day =
(5) Treatment at scene - nontransported	31, 2 days = 32, n days = 30 +n up
(6) Treatment later	through 30 days = 60) (00) Not fatal
(8) Treatment - other (specify):	(96) Fatal - ruled disease
, , , , , , , , , , , , , , , , , , ,	(99) Unknown
(9) Unknown	(55) GIRIOWII
*	40. 1st Medically Reported Cause of Death
36. Type Of Medical Facility (for Initial Treatment)	
(0) Not treated at a medical facility	41. 2nd Medically Reported Cause of Death
(1) Trauma center	• •
(2) Hospital (3) Medical clinic	42. 3rd Medically Reported Cause of Death
(4) Physician's office	Code the Occupant Injury from line
(5) Treatment later at medical facility	number(s) for the medically reported
(8) Other (specify):	injury(s) which reportedly contributed to this occupant's death
(O) Othic (opcomy).	(00) Not fatal or no additional causes
(9) Unknown	(96) Mode of death given but specific
	injuries are not linked to cause
<b>~</b> '	of death. (specify):
37. Hospital Stay	
(00) Not Hospitalized	(97) Other result (includes fatal ruled
Code the number of days (up through 60)	disease) (specify):
that the occupant stayed in hospital.	
(61) 61 days or more	(99) Unknown
(99) Unknown	
	40 11 12 14 14 14 14
	43. Number of Recorded Injuries for
	This Occupant October 1997
	Code the actual number of
	injuries recorded for this occupant. (00) No recorded injuries
	(97) Injured, details unknown
	(99) Unknown if injured
	100, omatown it injured
	·

AU	TOMATIC BELT SYSTEM		40	Automotic (Passius) Balt Spiluse Modes
44. Automatic Function (0) Not equ (1) 2 point (2) 3 point (3) Automatic (4) Automatic (4) Automatic (9) Unknow	(Passive) Belt System Availability/ uipped/not available a automatic belts automatic belts atic belts - type unknown conal atic belts destroyed or rendered	0	45.	Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):
(0) Not eq rendere (1) Autom (2) Autom discon (specif	uipped/not available/destroyed or ed inoperative atic belt in use atic belt not in use (manually nected, motorized track inoperative) y):  atic belt use unknown		49.	Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify):
(0) Not eq (1) Non-m	(Passive) Belt System Type uipped/not available otorized system zed system wn	<u>D</u>		Check the Primary Source Used In Determining Belt
Belt Syster (0) Not eq (1) Autom (2) Automatic (3) Autom (4) Autom (5) Autom one pe (6) Lap po on abd (7) Autom automatic (7) Autom	uipped/not available/not used latic belt used properly latic belt used properly with afety seat  Belt Used Improperly latic shoulder belt worn under arm latic shoulder belt worn behind back latic belt worn around more than latic lap and shoulder belt worn latic lap and shoulder belt or latic shoulder belt used improperly hild safety seat (specify):			Use.  [ ] Not equipped/not available/destroyed or rendered inoperative [
ARE	ALL APPLICABLE MEDICAL R	RECOF	RDS	INCLUDED NO[] YES[V
	UPDATE CANDIDA	ATE?		NO [V YES [ ]

	OR AMERICAN STREET			BELT USE DETERMINATION	
ë	OP - VARIABLES SO THROUGH 33 ARE MPLETED BY THE ZONE CENTER TRAUMA DATA	53.	(O) (1)	or rendered inoperative Vehicle inspection	1
50.	Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured		(3)	Other (specify):	
51.	Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given				
52.	Arterial Blood Gases (ABG) – HCO <sub>3</sub> (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO <sub>3</sub> (96) ABGs reported, HCO <sub>3</sub> unknown (97) Injured, details unknown (99) Unknown if injured				
				-	
				· · · · · · · · · · · · · · · · · · ·	

## Appendix I:

NASS CDS OCCUPANT INJURY FORM:

CASE VEHICLE DRIVER

Administration

U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

0/

2. Case Number - Stratum

9416

4. Occupant Number

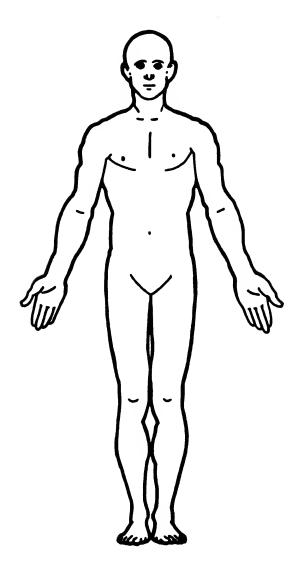
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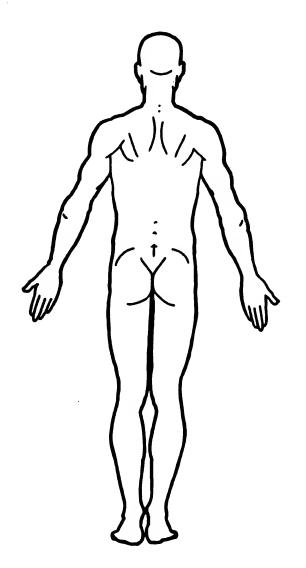
### **INJURY DATA**

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

				A.I.S 9	90		_		Injury		Occupant
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Area Intrusion Number
1st	5. <u>7</u>	6. <u>7</u>	7. <u>9</u>	B. <u>0</u> 2	9. <u>0</u> <u>2</u>	10/	11. <u>3</u>	12. <u>45</u>	13	14/	15. <u>0 0</u>
2nd	16	17	18 19	9	20	21	22	23	24	25	<b>26.</b>
3rd	27	28	29 3	o	31	<b>32</b>	33	34	35	36	37
4th	38	39	40 4	1	42	43	44	45	46	47	48
5th	49	50	51 5	2	53	54	55	56	57	58	59
6th	60	61	62 6	3	64	65	66	67	<b>68</b>	69	70
7th	71	<sup>72.</sup> —	73 7	4	75	76	77	78	79	80	81
8th	82	83	84 8	5	86	87	88	89	90	91	92
9th	93	94	95 9	6	97	98	99	100	101	102 1	03
10th	104	105 1	06 10	7. <u> </u>	108	109	110	111	112	113 1	14

OCCUPANT INJURY DATA											
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anetomic Structure	Level of Injury	A.I.S. Sevenity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupent Aree Intrusion Number
11th	_	_	_			. —			_		
12th	_	_	_				_		_		
13th		_	_	<del></del>		_	_		_		<del></del>
1 4th	_	_	_	· <del></del>		_					
15th	_	_	_			_	_		_	_	<del>.</del>
16th		_	_	* ———		_			_	_	
17th	_	_	_			_	_		-	_	
18th		_	_		<u>—:</u> —	_	_	<del></del>	_	_	
19th	_	_	_			_			_	-	
20th	_	_					_		_	_	
21st			<del></del>	<del></del>			_		_	_	
22nd	_	_	_			_			<del>.</del>	_	
23rd		<del>_</del>	<del></del>		<del></del> .	_			_	. –	. <del></del>
24th	_	_	_			_		. ```	_	_	
25th		_	-			_					





#### SOURCE OF INJURY DATA OFFICIAL

- (1) Autopsy records with or without hospital/ medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summsry)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- Private physician, wslk-in or emergency clinic

#### UNOFFICIAL

- (5) Lsy coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):
- (9) Police

#### **INJURY SOURCE**

#### FRONT

- (01) Windshield
- (O2) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steening wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other sttschment
- (06) Add on equipment (e.g., CB, tape deck, sir conditioner)
- (09) Left instrument panel and below
- (10) Center instrument psnel and below
- (11) Right instrument psnel and below
- (12) Glove compertment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header. A (A1/A2)-piller, instrument penel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, metrument psnel, or mirror (pssaenger aide only)
- (16) Driver aide sir bsg compertment cover
- (17) Pssaenger side sir bsg compertment cover
- (16) Windahield reinforced by extenor object (specify):
- (19) Other front object (specify):

#### LEFT SIDE

- 120) Left side interior surface. excluding herdwere or ermrests
- (21) Left aide hardware or similate (22) Left A (A1/A2)-piller
- (23) Left B-pillar
- (24) Other left piller (specify):

- (25) Left side window glass or from
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-piller, B-piller, or roof side rail.
- (27) Other left side object (specify):
- (26) Left aide window sill

#### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-piller
- (33) Right B-piller
- (34) Other right piller (specify):
- (35) Right side window glass or frame
- Right side window glass including (36) one or more of the following: frame, window sill, A (A1/A2)-piller, B-pillsr, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

#### INTERIOR

- (40) Sest, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-piller or door frame attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from sir bsg compartment covers)
- (46) Other occupants (specify):
- (47) Interior loose objects
- (46) Child safety seat (specify):
- (49) Other intenor object (specify):

#### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

#### FLOOR

- (56) Floor (including toe psn)
- (57) Floor or console mounted transmission lever including console
- (56) Parking brake handle
- (59) Foot controls including parking brske

#### REAR

(60) Backlight (resr window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

#### EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, sntenna)
- (67) Other exterior surface or tires (specify):
- (66) Unknown extenor objects

#### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood omsment
- (75) Windshield, roof rail. A-pillar
- (76) Side surface (77) Side memors
- (76) Other eide protrusione (specify)
- (79) Rest surface
- (80) Undercamage
- (61) Tires and wheels
- (62) Other exterior of other motor vehicle (specify):
- (83) Unknown exterior of other motor vehicle

#### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify)
- (66) Unknown vehicle or object

#### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify):
- (93) Air bag exhaust gases
- (97) Injured, unknown source

#### INJURY SOURCE CONFIDENCE LEVEL

- (1) Certsin
- Probable (2)
- Possible (3)
- Unknown

### **DIRECT/INDIRECT INJURY**

- Direct contact injury (1)
- (2) Indirect contact injury 131 Noncontact injury
- Injured, unknown source

### **OCCUPANT INJURY CLASSIFICATION**

#### **Body Region**

- (11 Hesd
- Face
- (3) (4) Neck
- Thorsx (5) Abdomen
- Spine (6)
- (7) Upper Extremity
- (8) Lower Extremity (9) Unspecified

## Type of Anatomic Structure

- Whole Ares
- Vessels
- (3) Nerves
- (4) Organa (includes muscles/
- ligaments) Skelets! (includes joints)
- (6) Head - LOC Skin

### Specific Anatomic Structure

- Whole Area (02) Skin Abresion (04) Skin Contueion (06) Skin - Lac ration
- (OB) Skin Av. sion
- Amputation (10)
- (30) Crush (40) Degloving
- Injury NFS (50) Trsums, other than mechanical

- Hesd LOC (02) Length of LOC
- (04, 06, 06) Level of Coneciousness
- (10) Concussion

- (04) Cervicsi (04) Thoracic
- Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

#### Level of Injury

Specific injuries are essigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, OO is assigned to so injury NFS as to severity or where only one injury is given in the dictionary for that snatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

#### Abbreviated Injury Scale

- Minor injury
- Moderate injury
- (3) Serious injury Severe injury
- Critical injury
- (6) Maximum (untreatable) Injured, unknown severity

## Aspect

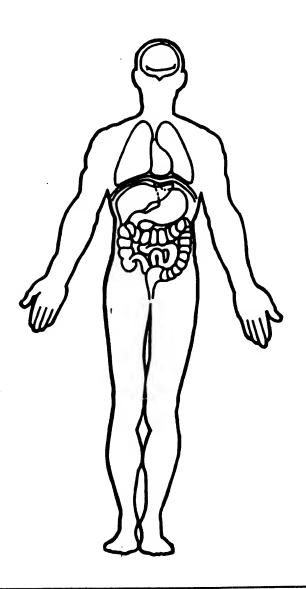
- Right
- Bilsters Central
- Anterior
- (6) Postenor
- (6) Interior
- Whole region

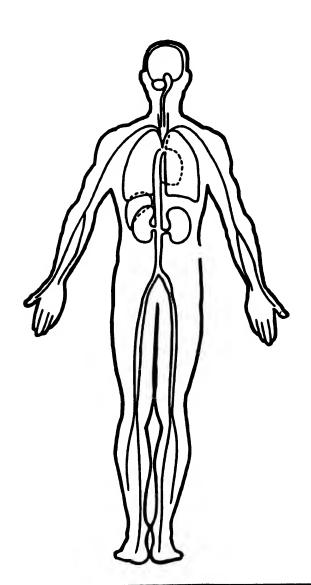
Page 3

	OFFICIAL INJURY DAT	A - SKELETAL INJURIES
Restrained? No Yes	Indicate the Location, Specific Anatomic Structure, Detail (size, de Source of all injuries indicated by official sources (or from PAR or unavailable.)	pth, fracture type, head injury clinical signs and neurological deficits), and other unofficial sources if medical records and interviewee data are
Blood Alcohol Level (mg/dl) BAL =	bod	
Glasgow Coma Scale Score GCSS =		
Units of Blood Given Units =		
Arterial Blood Gases pH = PO <sub>2</sub> =		
PCO <sub>2</sub>		

## OFFICIAL INJURY DATA -INTERNAL INJURIES

indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





# Appendix J:

NASS CDS OCCUPANT ASSESSMENT FORM:

CASE VEHICLE PASSENGER



U.S. Department of Transportation

## OCCUPANT ASSESSMENT FORM

nel Highway Traffic Safety CRASHWORTHIN ministration OCCUPANT'S SEATING 1. Primary Sampling Unit Number 10. Occupant's Seat Position 2. Case Number - Stratum Front Seat (11) Left side 3. Vehicle Number (12) Middle (13) Right side 4. Occupant Number (14) Other (specify): OCCUPANT'S CHARACTERISTICS (15) On or in the lap of another occupant Second Seat 5. Occupant's Age (21) Left side Code actual age at time of accident. (22) Middle (00) Less than one year old (specify by month): (23) Right side (24) Other (specify): (97) 97 years and older (25) On or in the lap of another occupant (99) Unknown Third Seat (31) Left side (32) Middle 6. Occupant's Sex (33) Right side (1) Male (34) Other (specify): (2) Female (35) On or in the lap of another occupant (9) Unknown Fourth Seat (41) Left side (42) Middle 7. Occupant's Height (43) Right side Code actual height to the nearest (44) Other (specify): centimeter. (45) On or in the lap of another occupant (999) Unknown (333) UNKNOWN  $5 \frac{1}{2} \text{ inches } \times 2.54 = \frac{129}{2} \frac{9}{2} \text{ centimeters}$ (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown 8. Occupant's Weight 8 Code actual weight to the nearest 11. Occupant's Posture kilogram. (0) Normal posture (999)Unknown 58 pounds X .4536 = 26 kilograms Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window 9. Occupant's Role (5) Sitting on a console (1) Driver (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front (2) Passenger (9) Unknown of seat (8) Other abnormal posture (specify): leaning forward (9) Unknown

			EJECTION/EN	NTRAPMENT
12.	(0) (1) (2) (3)	ction No ejection Complete ejection Partial ejection Ejection, unknown degree Unknown	0	15. Medium Status (Immediately Prior To Impact) (O) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13.	(O) (1) (2) (3) (4) (5) (6) (7) (8)	ction Area No ejection Windshield Left front Right front Left rear Right rear Rear Roof Other area (e.g., back of pickup, (specify): Unknown	etc.)	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
14.	(O) (1) (2) (3) (4) (5) (8)	No ejection No ejection Door/hatch/tailgate Nonfixed roof structure Fixed glazing Nonfixed glazing (specify): Integral structure Other medium (specify): Unknown	<u>Ø</u>	
-				<u>.</u>

RESTRAINT SYST	EM EVALUATION
17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown  Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	21. Air Bag System Availability/Function (O) Not equipped/not available (1) Air bag  Non-functional (2) Air bag disconnected (specify):  (3) Air bag not reinstalled (9) Unknown
(8) Other belt (specify):  (9) Unknown  18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify):  (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify):	22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown
(12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used  19. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	23. Are There indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify):
Beit Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify):	24. Police Reported Restraint Use  (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify):
20. Manual (Active) Belt Failure Modes  During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):  (6) Broken retractor (7) Combination of above (specify):  (8) Other manual belt failure (specify):	

	HEAD RESTRAINT AN	ID SEAT EVALUATION
25.	Head Restraint Type/Damage by Occupant at This Occupant Position  (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify):	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify):
	(9) Unknown	(7) Combination of above (specify):
<b>2</b> 6.	Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions	(8) Other (specify): (9) Unknown
	(07) Split bench with folding back(s) (08) Pedestal (i.e., column supported)	
	(09) Other seat type (specify):  (10) Box mounted seat (i.e., van type)	
	(99) Unknown	
-		-
		. 3

	CHILD S	AFETY SEAT
28.	Child Safety Seat Make/Model 6000) No child safety seat	31. Child Safety Seat Harness Usage
	Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat	32. Child Safety Seat Shield Usage
	(997) Other make/model (specify):  (998) Unknown make/model	33. Child Safety Seat Tether Usage
	(999) Unknown if child safety seat used	Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat
29.	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat	(01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added
	(7) Other type child safety seat (specify): (8) Unknown child safety seat type	(09) Unknown if harness/shield/tether added or used
	(9) Unknown if child safety seat used	Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used
30.	Child Safety Seat Orientation (00) No child safety seat	
	Designed for Rear Facing for This Age/Weight (01) Rear facing	(22) Harness/shield/tether used (29) Unknown if harness/shield/tether used
	(02) Forward facing (08) Other orientation (specify):	(99) Unknown if child safety seat used
	(09) Unknown orientation	
	Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify):	t
	(19) Unknown orientation	
	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify):	
	(29) Unknown orientation	
	(99) Unknown if child safety seat used	
	•	

INJURY CONSEQUENCES	38. Working Days Lost
34. Injury Severity (Police Rating)	Code the number of days (up through 60) that the occupant
10) O Na intra	lost from work due to the accident
(0) O - No injury (1) C - Possible injury	(00) No working days lost
(2) B - Nonincapacitating injury	(61) 61 days or more
(3) A - Incapacitating injury	(62) Fatally injured
(4) K - Killed	(97) Not working prior to accident (99) Unknown
(5) U - Injury, severity unknown	(99) UNKNOWN
(6) Died prior to accident	
(9) Unknown	STOP - GO TO VARIABLE 44 ON PAGE 7
4	VARIABLES 39 THROUGH 43 ARE
35. Treatment - Mortality	COMPLETED BY THE ZONE CENTER
(0) No treatment (1) Fatal	
(2) Fatal - ruled disease (specify):	39. Time to Death
(2)   8(8) - 10(60 0)36836 (3500) (7)	Code number of hours from time of
	accident to time of death up through 24
Nonfatal	hours. If time of death is greater than 24
(3) Hospitalization	hours, code number of days. (Note: 1 day =
(4) Transported and released	31, 2 days = 32, n days = 30 +n up
(5) Treatment at scene - nontransported	through 30 days = 60)
(6) Treatment later	(00) Not fatal
(8) Treatment - other (specify):	(96) Fatal - ruled disease
(0)	(99) Unknown
(9) Unknown	
9	40. 1st Medically Reported Cause of Death 💍 💍
36. Type Of Medical Facility (for Initial Treatment)/	
(0) Not treated at a medical facility	41. 2nd Medically Reported Cause of Death O
(1) Trauma center	42 3rd Medically Reported Cause of Death
(2) Hospital	142. Old Medically Reported Cases of Decision 1
(3) Medical clinic (4) Physician's office	Code the Occupant Injury from line number(s) for the medically reported
(5) Treatment later at medical facility	injury(s) which reportedly contributed to
(8) Other (specify):	this occupant's death
(o) Care (open)	(00) Not fatal or no additional causes
(9) Unknown	(96) Mode of death given but specific
	injuries are not linked to cause
^ ^	of death. (specify):
37. Hospital Stay	
(00) Not Hospitalized	(97) Other result (includes fatal ruled
Code the number of days (up through 60)	disease) (specify):
that the occupant stayed in hospital.	100%
~ (61) 61 days or more (99) Unknown	(99) Unknown
(99) Unknown	
	43. Number of Recorded Injuries for
	This Occupant O
	/ Code the actual number of
	injuries recorded for this occupant.
	(00) No recorded injuries
	(97) Injured, details unknown
	(99) Unknown if injured

AUTOMATIC BELT SYSTEM		48. Automatic (Passive) Belt Failure Modes
44. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown		During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):
Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown	^	<ul> <li>(6) Broken retractor</li> <li>(7) Combination of above (specify):</li> <li>(8) Other automatic belt failure (specify):</li> <li>(9) Unknown</li> </ul>
45. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  (3) Automatic belt use unknown (9) Unknown	<u>)</u>	49. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): (9) Unknown
46. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown	2	
47. Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat  Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown	0	Check the Primary Source Used In Determining Belt Use.  [ ] Not equipped/not available/destroyed or rendered inoperative [ ] Vehicle inspection [ ] Official injury data [ ] Driver/occupant interview [ ] Other (specify):  [ ] Unknown if belt used
ARE ALL APPLICABLE MEDICAL REC WITH INITIAL SUBMISSION? UPDATE CANDIDATI		NO [ YES [ ]

	1 E 6 2 E		BELT USE DETERMINATION	
STOP VARIABLES 50 THROUG COMPLETED BY THE ZONE CEN	IER S	(0)	ry Source of Belt Use Determination Not equipped/not available/destroyed or rendered inoperative	,
TRAUMA DATA  50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical (02) No GCS Score at medical facil (03-15) Code the actual value of the initial GCS Score recorded at a facility. (97) Injured, details unknown (99) Unknown if injured	ity e	(2) (3) (8)	Vehicle inspection Official injury data Driver/occupant interview Other (specify): Unknown if belt used	
51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given				
52. Arterial Blood Gases (ABG) - HCO(00) Not injured (01) Injured, ABGs not measured of (02-50) Code the actual value of the (96) ABGs reported, HCO3 unknown (97) Injured, details unknown (99) Unknown if injured	r reported neHCO3			

## Appendix K:

NASS CDS OCCUPANT INJURY FORM:

CASE VEHICLE PASSENGER

Administration

U.S. Department of Transportation National Highway Traffic Safety

**OCCUPANT INJURY FORM** 

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

0

3. Vehicle Number

2. Case Number - Stratum

4. Occupant Number

### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

				A.I.S	90				Injury		Occupant
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Area Intrusion Number
1st	5. <u>3</u>	6. <u>2</u>	7. <u>9</u>	. <u>02</u>	9. <u>0 2</u>	10. /	11. <u>O</u>	12. <u>45</u>	13	14. <u>/</u>	15. <u>0</u> <u>0</u>
2nd	16	17	18 19	D	20	21	22	23	24	25	26
3rd	27	28 :	29 30	o	31	32	33	34	35	36	37
4th	38	39	40 4	ı. <u> </u>	42	43	44	45	46	47	48
5th	49	50	51 5	2	53	54	55	56	57	58	59
6th	60	61. —	62 63	3	64	65	66	67	68	69	70
7th	71	72	73 74	4	75	76	77	78	79	80	81
8th	82	83	84 8	5	86	<sup>87.</sup> —	88	89	90	91	92
9th	93	94	95 9	6	97	98	99	100	101 1	<b>02</b> 1	103
10th	104	105 1	06 10	<sup>7.</sup>	108	109	110	111	112 1	113 :	114

				occ	UPANT	INJURY	DATA				
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupent Aree Intrusion Number
11th	_	_	_			_	_		_	_	
12th	_	_	_			<del></del>	_		_	_	· —
13th	_	_	_			_	_		_	_	
14th	_	_	_	Temms district					<del></del>	_	
15th	_	_	_							_	<del>-</del>
16th	_	_	_			_	_		_	_	
17th	_	_	_			_	_		_	_	
18th		_	_			_	_		_	_	· ——
19th	_	_	_			_	_		_	-	*
20th		·	_			—	_		_	_	
21et	_	_	. <del>-</del>			_	_		_	_	
22nd	_	_	_			_	_		-	_	
23rd	<del>-</del> .	_	_	<del></del>	<del></del> .	_	_		_		
24th	_	_	_			_	_		_	_	<del>-</del>
25th	_					_		* '	<del>-</del>	-	

## OFFICIAL INJURY DATA - SOFT TISSUE INJURIES Height: 49.25" · His head hit the bog (EN, HP) Weight: 56.75 180 Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.) · Tender to nose + D Abrasims on D +B 3 y gomotic arches and above eyes (EN) gygomatic orch . Abrosion nose Pain to face (EN) with 10 burn Discoloration to nose + (D) Face close to temporal area from air bag (Fu) 1 (EN) . Red marks across abdomen, soft nontender (EN) Dx: Impaired skin integrity, at risk for infection (EN) Dx: Mask burn to face from air bag (Fu) · Abrasion on face involving forehead, maxillary area, and nose CHP Fu= Follow-up visit with & superficial? Family Physician

#### SOURCE OF INJURY DATA OFFICIAL

- (1) Autopay records with or without hospital/ medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge aummary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency

#### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):
- (9) Police

#### INJURY SOURCE

#### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, sir conditioner)
- Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel. mirror, or steening assembly (driver aide only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- Dover side air bag compartment cover
- Passenger side air bag compartment cover (17)
- (18) Windshield reinforced by exterior object (specify):
- (19) Other front object (specify):

#### LEFT SIDE

- (20) Left aide interior auriace.
- sxcluding hardware or armreats
- Left aide hardware or armrest (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame
- (26) Left side window class including one or more of the following: freme, window aili, A (A1/A2)-pillar, B-pillar, or roof aide rail.
- (27) Other left side object (specify):
- (28) Left aide window sill

#### RIGHT SIDE

- (30) Right aide interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-piller
- (33) Right B-pillar
- (34) Other night pillar (specify):
- (35) Right aide window glass or frame
- (36) Right side window glass including one or more of the following: freme, window aill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right aide object (apecify):
- (38) Right side window sill

#### INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restreint B-pillar or door freme attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag (use codes \*16" and \*17" for injuries austained from air bag compartment covers)
- (46) Other occupants (apecify):
- (47) Interior loose objects
- (48) Child safety aeat (specify): (49) Other interior object (specify):

#### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

#### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

#### REAR

(60) Backlight (rear window)

- (61) Becklight storage rack, door, etc.
- (62) Other rear object (apecify):

#### EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside
- mirror, antenna) (67) Other extenor aurtace or tires
- (apecity): (68) Unknown extenor objects

## EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood omament
- (75) Windahield, roof rail, A-pillar
- (76) Side eurlace (77) Side mirrors
- (78) Other side protrusions (apecify)
- (79) Rear surface
- (80) Undercamage
- (81) Tires and wheels
- (82) Other extenor of other motor vehicle (apecify):
- (83) Unknown exterior of other motor vehicle

## OTHER VEHICLE OR OBJECT IN THE

#### ENVIRONMENT

- (R4) Ground (85) Other vehicle or object (specify)
- (86) Unknown vehicle or object

#### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (epecify):
- (93) Air bag exhaust gases
- (97) Injured, unknown source

#### INJURY SOURCE CONFIDENCE LEVEL

(1) Certain

(7)

- Probable
- Possible
- Unknown

#### DIRECT/INDIRECT INJURY

injured, unknown source

- Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury

#### OCCUPANT INJURY CLASSIFICATION

#### **Body Region**

- Head
- (3) Neck
- (6) Abdomen
- (6) Spine (7) **Upper Extremity**
- (8) Lower Extremity
- Unspecified
- Whole Area
- (2) Vessels (3) Nerves
- (4) Organe (includes muscles/

Type of Anatomic Structure

- igaments) (5) Skeletal (includes jointa)
- (6) Head - LOC Skin

- Specific Anatomic Structure
- Whole Area (02) Skin Abrasion (04) Skin Contusion
- (06) Skin Lac ration (06) Skin Av. sion
- Amputation (20) Burn
- (30) Crush
- (40) Degloving (50) Injury NFS
- Trauma, other than mechanical
- Head LOC (02) Length of LOC
- (04, 06, 08) Level of Coneciousness
- (10) Concussion

- Cervical (04) Thoracic

## Vesaels, Nerves, Organs, Bones, Jointa are assigned consecutive two digit numbers beginning with 02

### Level of Injury

Specific injunes are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

#### **Abbreviated Injury Scale**

- (1) Minor injury
- Moderate injury (3) Serious injury
- Severe injury (5)
- Critical injury Maximum (untrestable) (6)
- (7)Injured, unknown severity

### Aspect

- Right
- Left
- Bilateral (3) Central
- (5) (6) Anterior Posteno
- (7) Superior (8) Interior
- Unknown
- (0) Whole region

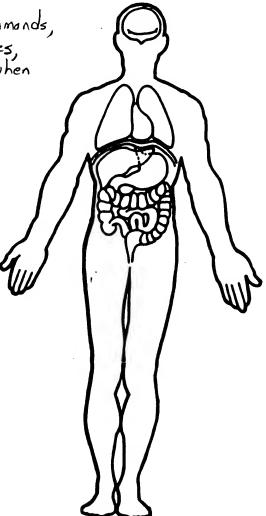
	OFFICIAL INJURY DA	ATA — SKELETAL INJURIES	
Restrained? No Yes	I had my Seatbelt on and air bog Indicate the Location, Specific Anatomic Structure, Detail (size, Source of all injuries indicated by official sources (or from PAR unavailable.)	come out (EN) belted (HP), depth, fracture type, head injury clinical signs and neurological deficits), or other unofficial sources if medical records and interviewee data are	and
Blood Alcohol Level (mg/dl) BAL =	bod		
Glasgow Coma Scale Score  GCSS = 15 (EN)  Units of Blood Given  Units =			
Arterial Blood Gases  pH =  PO <sub>2</sub> =  PCO <sub>2</sub>			

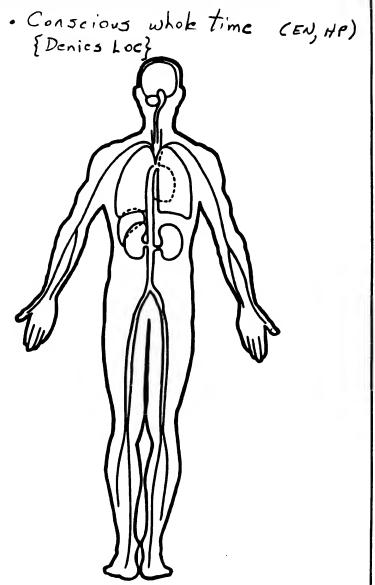
## OFFICIAL INJURY DATA - INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

· Conscious and alert on arrival (EN)

· Obeys commands, moves cyes, oriented when speaking (EN)





			HO	SPITAL I/P ROOM	#		
MD# •	0.00M to 0.00	EMER	EMERGENCY/RECORD E.R. ROOM #				
MR#:	ADM:09	94 EMERGEN REL:	Admission Date Time	Home Phone	Patient Soc Sec HIC No		
AC#:	DOB:		Civils	Race Brought By			
<u> </u>	5.5	_	M S W D SEP	Private Auto			
Address	City	State	Zip Sex	Age	•		
Primary Physician	On Call Physician	Heterral Physician	[Eft Physician	Family Notitied Time			
		(		Xes No -	Patient Belongings		
Notified	Notified	Notified	Notified	Authorities Notified	Valuables		
Response	1832 km pm	Response	/835Am	☐ POLICE☐ ☐ CORONER	☐ SAFE		
	1834 AM.		1837m.	Ву	☐ TO ROOM		
	T-ACCIDENT (WHERE-WHEN-				PAST MEDICAL HISTORY LMP		
TREATMENT PRIOR TO	ABRIVAL	para to tac	- E / Buna	٠	N/A		
	ساهاند						
	<u> </u>				Allergies NEOP		
NURSE ASSESSMEN	JT.						
			1 1 m Cam	+ 12/400	Last Tetanus		
S: Zwas	involved in A CA	in crash, Z	had my sen	- 1 1 1	up to Date		
	. Bry come out.	Zhave pain	to my face.	, Zt Auan	MEDS Reference		
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			٠٠٠				
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W1950-11,	+ 1 - 5 C. C.		,		MODE OF DISCHARGE		
			Nurse's Signature		☐ Wheelchair ☑ Ambulatory ☐ Stretcher ☐ Carried		
MED/IV'S (None □)_	NEOLON O. A			~~	Accompanied By		
			Assisted By		Accompanied By		
				EK7-2			
				2~/ ~			

#### HOSPITAL

#### EMERGENCY ROOM REPORT

PATIENT: DATE: ER 94

cc:

RM#:

Dr.

#### REPORT

This is an 8 year old male who was brought to the Emergency Room by his father after an auto accident. The patient was belted in and when they had the sudden stop, the air bags inflated. Dad denies any problem, but he is concerned about his son because of redness in his face. Apparently he planted his face in the air bag. He denies any loss of consciousness

On exam, the child is alert and playful and in no acute distress. HEAD: Examination reveals an abrasion present on the face involving the forehead and maxillary area and nose. This all appears to be very superficial in nature. Pupils equal, round and react to light and accommodation. Extraocular muscles are intact. Conjunctivae are well injected. Ears clear with normal landmarks. The nose is patent and nontender. The oral mucosa is moist, tongue protrudes in the midline. The posterior pharynx not unusually injected.

NECK: Supple with no tenderness, no thyromegaly, carotid bruits or cervical adenopathy.

CHEST: Symmetrical.

HEART: Regular rate and rhythm. No murmurs, thrills or friction rubs.

LUNGS: Clear to auscultation. No rales, rhonchi or wheezing. ABDOMEN: Soft and nontender. No organs or masses palpable.

EXTREMITIES: Good range of motion. No clubbing, cyanosis or edema. The

child ambulates well with no problem.

IMPRESSION: Abrasions to the face.

PLAN: The abrasions were washed, Neosporin ointment was applied. Dad was

Continued ....

HOSPITAL	I/P ROOM #	
EMERGENCY/RECORD	E.R. ROOM # _	
Admission Date/Time	Home Phone	Patient Soc. Sec./HIC No

**EMERGEN** AC# :

HISTORY AND PHYSICAL:

I sociated

DIAGNOSIS: Markon to fore

INITIAL	DOCTOR'S ORDERS	TIME	INITIAL	DOCTOR'S ORDERS	TIME
Nines	nem ventioned - face =	>			
	The rentines of face -				
				٠.	

MUSTRUCTIONS TO PATIENTS:

Must present the sales of free.

Tylinal for yours.

PHYSICIAN'S SIGNATURE			M.D.
Discharged By:		2-	
CHECKOUT INSTRUCTIONS	Other Instructions _		

Patient Signature The above signed verbalizes understanding of instructions.

EMERGENCY ROOM REPORT CONTINUED....

PATTENT:

RM#:

ER

instructed to apply the Neosporin ointment on a b.i.d. basis and give Tylenol for pain. Followup with the family physician p.r.n.

,p.o.

TR: 94

CLINIC

**CIVIL STATE** 

		HISTORY NO.	
	HISTORY CONTINUATION SHE	SHEET NO. 13	
NAME			
ADDRESS		DATE	
RESPONSIBLE PARTY			_
DATE OF			

DATE AND SIGN NAME

BIRTH

AGE

Frether stated that his face was "braned"
wt-5634 daspart that tome. Didless or ntment from
HI- 49/4" the Energy room.
Toon Litalia 3 mg - rale in a.m. and 12405.

vat Non.

Enters for evaluation of a burn to the face from an air bag during an auto accident on 94. The patient has no other symptoms related to the auto accident except for minor discoloration of the nose and left side of the face close to the temporal area. The area of discoloration on the nose measures about 1-1/2 to The area of discoloration over the left temporal area close to the lateral orbit is close to  $1-1/4 \times 1/2$  cm. ENT otherwise unremarkable.

IMPRESSION - Followup auto accident with discoloration of the face as the result of mask burn.

DD: 94 DT:

## Appendix L:

NASS CDS OCCUPANT ASSESSMENT FORM:
VEHICLE #2 DRIVER



U.S. Department of Transportation

## OCCUPANT ASSESSMENT FORM

onel Highway Traffic Safety CRASHWORTHINGS DATA SYSTE ministration OCCUPANT'S SEATING 1. Primary Sampling Unit Number 10. Occupant's Seat Position 2. Case Number - Stratum Front Seat (11) Left side 3. Vehicle Number (12) Middle (13) Right side 4. Occupant Number (14) Other (specify): OCCUPANT'S CHARACTERISTICS (15) On or in the lap of another occupant Second Seat 5. Occupant's Age (21) Left side Code actual age at time of accident. (22) Middle (00) Less than one year old (specify by month): (23) Right side (24) Other (specify):\_ (97) 97 years and older (25) On or in the lap of another occupant (99) Unknown Third Seat (31) Left side 2 (32) Middle 6. Occupant's Sex (33) Right side (1) Male (34) Other (specify):\_ (2) Female (35) On or in the lap of another occupant (9) Unknown Fourth Seat (41) Left side (42) Middle 7. Occupant's Height (43) Right side Code actual height to the nearest (44) Other (specify):\_ centimeter. (45) On or in the lap of another occupant (999) Unknown 60 inches X 2.54 = 152 centimeters (97) in or on unenclosed area (98) Other seat (specify): (99) Unknown 8. Occupant's Weight Code actual weight to the nearest 11. Occupant's Posture kilogram. (0) Normal posture (999)Unknown Abnormal posture 10 pounds X .4536 = (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window 9. Occupant's Role (5) Sitting on a console (1) Driver (6) Lying back in a reclined seat position (2) Passenger (7) Bracing with feet or hands on a surface in front (9) Unknown of seat (8) Other abnormal posture (specify): (9) Unknown

	EJEC	TION/E	NTRAPMENT
12.	Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact)  (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13.	Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	<u>o</u>	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
14.	Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):  (5) Integral structure (8) Other medium (specify):  (9) Unknown	<u>\( \begin{array}{c} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>	
-			V

	RESTRAINT SYS	TEM EVALUATION
17.	Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt	21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag
	(3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown	Non-functional (2) Air bag disconnected (specify):
	Integral Belt Partially Destroyed  (6) Shoulder belt (lap belt destroyed/removed)  (7) Lap belt (shoulder belt destroyed/removed)	(3) Air bag not reinstalled (9) Unknown
	(8) Other belt (specify):	22. Air Bag System Deployment (0) Not equipped/not available
	(9) Unknown	(1) Air bag deployed during accident (as a result of impact)
18.	Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed	(2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence
	(O1) Inoperative (specify):	undetermined (4) Nondeployed
	(02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt	(5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire,
	(05) Belt used—type unknown (08) Other belt used (specify):	explosion, electrical)  (9) Unknown
	(12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child	23. Are There Indications of Air Bag
	safety seat (15) Belt used with child safety seat—type unknown	System Failure? (0) Not equipped/not available
	(18) Other belt used with child safety seat (specify):	(1) No (2) Yes (specify):
	(99) Unknown if belt used	(9) Unknown
19.	Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts
	Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat	24. Police Reported Restraint Use (O) None used
	(5) Belt worn around more than one person (6) Lap belt worn on abdomen	<ul><li>(1) Police did not indicate restraint use</li><li>(2) Shoulder belt</li></ul>
	(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):	(3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified
	(8) Other improper use of manual belt system (specify):	(6) Child safety seat (7) Other or automatic restraint (specify):
	(9) Unknown	(8) Restrained, type unknown (9) Police indicated "unknown"
20.	Manual (Active) Belt Failure Modes  During Accident (0) No manual belt used	10, 10, 10, 10, 10, 10, 10, 10, 10, 10,
	(1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (2) Perhap bushless (stretched)	
	<ul> <li>(3) Broken buckle or latchplate</li> <li>(4) Upper anchorage separated</li> <li>(5) Other anchorage separated (specify):</li> </ul>	
	(6) Broken retractor (7) Combination of above (specify):	
	(8) Other manual belt failure (specify):	
	(9) Unknown	

		HEAD RESTRAINT AN	D SI	EAT EVALUATION
25.	at Th (0) (1) (2) (3) (4) (5) (6) (8)	d Restraint Type/Damage by Occupant his Occupant Position No head restraints Integral—no damage Integral—damaged during accident Adjustable—no damage Adjustable—damaged during accident Add-on—no damage Add-on—damaged during accident Other (specify):	27.	Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify):  (7) Combination of above (specify):
26.	(00) (01) (02) (03) (04) (05) (06) (07) (08) (09)	Type (this Occupant Position) Occupant not seated or no seat Bucket Bucket with folding back Bench Bench with separate back cushions Bench with folding back(s) Split bench with separate back cushions Split bench with folding back(s) Pedestal (i.e., column supported) Other seat type (specify):  Box mounted seat (i.e., van type) Unknown		(8) Other (specify): (9) Unknown
-				

	CHILD SAFETY SEAT							
28.	Child Safety Seat Make/Model (000) No child safety seat	31. 0	Child Safety Seat Harness Usage					
	Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat	32. 0	Child Safety Seat Shield Usage					
	(997) Other make/model (specify):  (998) Unknown make/model	33. 0	Child Safety Seat Tether Usage					
	(999) Unknown if child safety seat used	\	Note: Options below applicable to /ariables OA31-OA33. 00) No child safety seat					
29.	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify):		Vot Designed With Harness/Shield/Tether  01) After market harness/shield/tether added, not used  02) After market harness/shield/tether used  03) Child safety seat used, but no after market harness/shield/tether added  09) Unknown if harness/shield/tether added or used					
	(8) Unknown child safety seat type (9) Unknown if child safety seat used		Designed With Harness/Shield/Tether  11) Harness/shield/tether not used  12) Harness/shield/tether used  19) Unknown if harness/shield/tether used					
30.	Child Safety Seat Orientation (00) No child safety seat	1 (	Unknown If Designed With Harness/Shield/Tether 21) Harness/shield/tether not used					
	Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing		22) Harness/shield/tether used 29) Unknown if harness/shield/tether used					
	(08) Other orientation (specify):		99) Unknown if child safety seat used					
	(09) Unknown orientation							
	Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing							
	(18) Other orientation (specify):							
	(19) Unknown orientation	ļ						
	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify):							
	(29) Unknown orientation							
	(99) Unknown if child safety seat used							
	·	1						

INJURY CONSEQUENCES	38. Working Days Lost O
34. Injury Severity (Police Rating)  (0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown
35. Treatment - Mortality (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify):	VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER  39. Time to Death  Code number of hours from time of accident to time of death up through 24
Nonfatal (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify):	hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 +n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown
36. Type Of Medical Facility (for Initial Treatment) 5 (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): (9) Unknown	40. 1st Medically Reported Cause of Death  41. 2nd Medically Reported Cause of Death  42. 3rd Medically Reported Cause of Death  Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause
37. Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown	of death. (specify):  (97) Other result (includes fatal ruled disease) (specify):  (99) Unknown
·	43. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured

		_	
<b>4</b> 5.	Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown  Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown  Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown  Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (2) Motorized system (9) Unknown  Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly (2) Automatic belt used properly (3) Automatic belt used properly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person		Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown  Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): (9) Unknown  Check the Primary Source Used In Determining Belt Use.  [ ] Not equipped/not available/destroyed
	(3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than		
	(8) Other improper use of automatic belt system (specify):(9) Unknown		
	ARE ALL APPLICABLE MEDICAL RECOING WITH INITIAL SUBMISSION?	RDS	INCLUDED NO[] YES[
	UPDATE CANDIDATE?		NO [ YES [ ]

				BELT USE DETERMINATION	
	OP - VARIABLES 50 THROUGH 53 ARE MPLETED BY THE ZONE CENTER  TRAUMA DATA  Glasgow Coma Scale (GCS) Score / 5	53.	Prim (0) (1) (2) (3)	nary Source of Belt Use Determination Not equipped/not available/destroyed or rendered inoperative Vehicle inspection Official injury data Driver/occupant interview	
50.	(at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured		(8) (9)	Other (specify):	
51.	Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given				
52.	Arterial Blood Gases (ABG) – HCO <sub>3</sub> (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO <sub>3</sub> (96) ABGs reported, HCO <sub>3</sub> unknown (97) Injured, details unknown (99) Unknown if injured				
				. \	

# Appendix M:

NASS CDS OCCUPANT INJURY FORM:
VEHICLE #2 DRIVER

Administration

U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

4. Occupant Number

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S Specific Anatomic Structure	90 Level of Injurý	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. <u>3</u>	6. <u>6</u>	7. 4	8. <u>Ø 2</u>	s. <u>7</u> 8	10/	11.6	12. <u>9</u> 2	132	<sub>14.</sub> <u>3</u>	15. 00
2nd	16. 7	17. <u>8</u>	18.9	19. <u>0 6</u>	20. 02	21. <u>/</u>	22. 2	23. <u>09</u>	24. /	25. /	26. <u>06</u>
3rd	27	28	29 3	30	31	32	33	34	35	36 :	37
4th	38	39	40	<b>1</b> 1	42	43	44	45	46	<del>47</del>	48
5th	49	50	51. <u> </u>	52	53	54	55	56	57	58	59
6th	60	61	62	53	64	65	66	67	68	69	70
7th	71	72	73	74	75	76	77	78	79	80	81
8th	82	83	84	85	86	87	88	89	90	91	92
9th	93	94	95	96	97	98	99	100	101 1	02 1	оз
10th	104	105 1	06 10	07	108	109	110	111	112 1	113 1	14

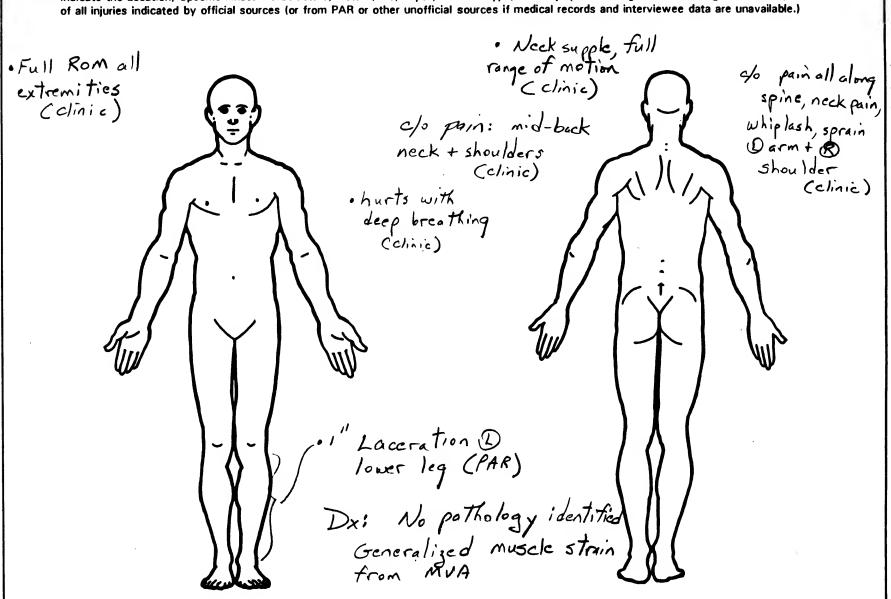
				occ	UPANT	NJURY	DATA				
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupent Area Intrusion Number
11th	0	_				_	_		_	_	
12th		_				_	<u> </u>	· <del></del> ;	_	_	
13th	_	_	_			_	_	<del></del>	_		
14th	_	_	_				_			_	
15th	_	_	_				_		_	-	<del>.</del> –
16th	_	_	_			_	*		_		
17th	_	_	-			_	_		_	-	<del></del> .
18th	_	_	_		<u></u> -	_	_		_	_	·
19th	_	_	_			_	_	<del></del>		-	. *
20th	_	_	_				_		_	_	
21st	_		_			_	_		_	_	
22nd	_	_	_			_			· —	_	
23rd		_	_		<del></del>	_	_	<del></del>	· —	· <b>-</b>	
24th	_	_				_	_		_	_	
25th	_	_					_	· ·		_	

. -

# OFFICIAL INJURY DATA - SOFT TISSUE INJURIES

· Denies significant bruising or locarations (clinic)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



# SOURCE OF INJURY DATA

- (1) Autopsy records with or without hospital/ nedical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency

#### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) interviewee
- (8) Other source (specify):
- (9) Police

#### INJURY SOURCE

- (01) Windshield
- (O2) Mirror
- (03) Sunvisor
- (04) Steening wheel rim
- (05) Steening wheel hub/apoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steening assembly (driver side only)
- (15) Windshield including one or more of the following: front header. A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- Passenger side air bag compartment cover (18) Windshield reinforced by extenor object
- (apecify):\_
- (19) Other front object (specify):

#### LEFT SIDE

- (20) Left side interior surface. excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-piller
- (23) Left B-pillar
- (24) Other left piller (apecify):

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window aill, A (A1/A2)-pillar, B-piller, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

#### RIGHT SIDE

- (30) Right aide interior surface, excluding hardware or armrests
- (31) Right eide hardware or ammest
- (32) Right A (A1/A2)-pillar
- (33) Right B-piller
- (34) Other right pillar (apecify):
- (35) Right aide window glass or frame
- (36) Right side window glass including one or more of the following: freme, window aill, A (A1/A2)-pillar, B-pillar, or roof eide rail.
- (37) Other right side object (specify):
- (38) Right aids window sill

#### INTERIOR

- (40) Seat, back aupport
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component
- (apecify):
- (44) Head restraint system
- (45) Air bag (use codes "16" end "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

#### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right aide rail
- (54) Roof or convertible top

#### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

#### REAR

(60) Backlight (rear window)

- (61) Becklight storage rack, door, etc.
- (62) Other rear object (specify):

#### EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outeide hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify):
- (68) Unknown extenor objects

#### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood omament
- (75) Windehield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other eide protrucions (specify)
- (79) Rear surface
- (80) Undercamage
- (81) Time and wheels
- (82) Other exterior of other motor vehicle (specify):
- (83) Unknown exterior of other motor vehicle

#### OTHER VEHICLE OR OBJECT IN THE **ENVIRONMENT**

- (84) Ground
- (85) Other vehicle or object (specify)
- (86) Unknown vehicle or object

#### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (apecify):
- (93) Air bag axhaust gases
- (97) Injured, unknown source

#### INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- Unknown

#### DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury (3) Noncontact injury
- Injured, unknown source

#### OCCUPANT INJURY CLASSIFICATION

#### **Body Region**

- (1) Head
- Face
- (3) Neck
- (4) Thorax
- Abdomen
- (6) Spine Upper Extremity
- (8) Lower Extremity Unepecified
- Whole Ares
- Vessels
- (3) Nerves

Type of Anatomic Structure

- Organs (includes muscles/
- ligaments) Skeletal (includes joints)
- IR Head - LOC
- Skin (8)

Specific Anatomic Structure

- Whole Area (02) Skin Abrasion (04) Skin Contusion
- (06) Skin Lac ration (08) Skin - Av. sion
- (10) Amoutation
- (30) Crush
- (40) (50)
- Degloving Injury NFS Trauma, other than mechanical

#### Head - LOC

- (02) Length of LOC (04, 08, 08) Level of Consciousness
- (10) Concussion

- Cervical
- (04) Thoracic

## Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

### Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, OO is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

#### Abbreviated Injury Scale

- Minor injury
- Moderate injury
- (3) Serious injury
- Critical injury Maximum (untreatable)

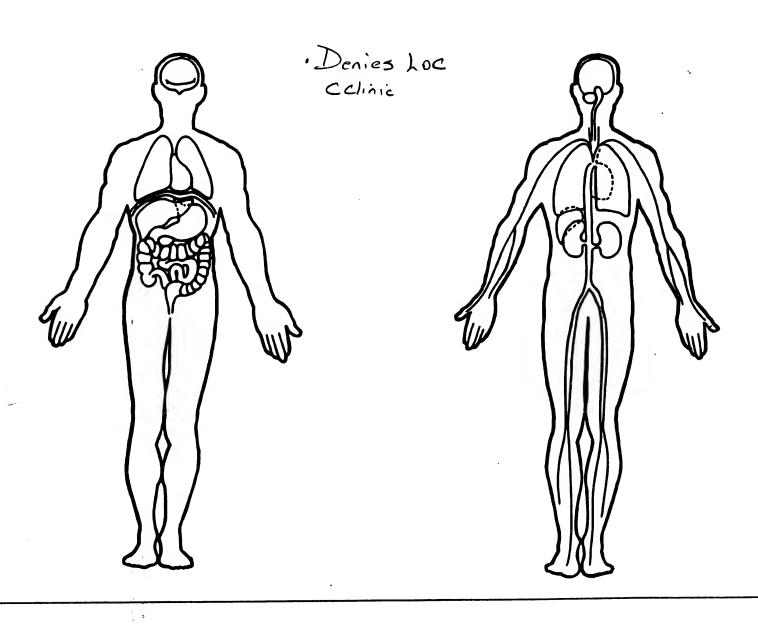
# Injured, unknown severity

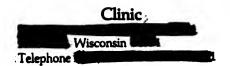
- Aspect
- Right Left
- Bilateral
- Central (6) Antenor
- Posterio
- (7) Superior Inferior
- Unknown Whole region

# OFFICIAL INJURY DATA - SKELETAL INJURIES Restreined? Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.) **Blood Alcohol** Level (mg/dl) BAL = \_\_\_\_ Glasgow Coma Scele Score Units of Blood Given **Arteriel Blood** Gases HCO,

# OFFICIAL INJURY DATA - INTERNAL INJURIES

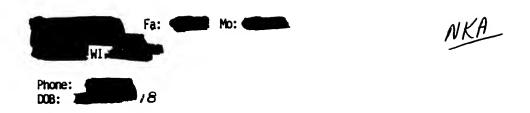
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





# PATIENT REGISTRATION Flight Physicals Evening Hours

PATIENT NAME	DATE OF BIRTH
STREET ADDRESS	P.O. BOX
CITY/STATE , WI	ZIP MARTIAL STATUS S M W SEP D
TELEPHONE NUMBER ( )	SOCIAL SECURITY NUMBER
SPOUSE OR PARENTS NAME	PHONE
RELATIVE (other than spouse)	PHONE
RELATIVE'S ADDRESS	
INSURANCE INFORMATION-	
MEDICARE ( ) YES ( ) NO NUMBERS	
MEDICAL ASSISTANCE ( ) YES ( ) NO PLEASE PRESENT	CARD
OTHER INSURANCE -	
NAME OF COMPANY	
COMPANY ADDRESS	$\omega$ $=$
NUMBERS-	GROUP NUMBER
PATIENT'S EMPLOYER	
EMPLOYER NAME Self	PHONE
EMPLOYER'S ADDRESS	
SPOUSE OR PARENTS EMPLOYER	
EMPLOYER NAME	PHONE
EMPLOYER'S ADDRESS	
IF PATIENT IS NOT RESPONSIBLE FOR THE BILL, PLEAS	E INDICATE WHO IS RESPONSIBLE.
NAME	PHONE
ADDRESS_	WI COMPANY
RELATIONSHIP TO PATIENT Father	WORK PHONE
SIGNATURE OF PATIENT OR LEGAL GUARDIAN_	



GALLBLADDER ULTRASCUND: The gallbladder is well visuarized with no evidence of calculi, Common hepatic duct is of normal intraluminal dimension. Hepatic parenchyma, pancreas and right kidney are within normal limits.

CONCLUSION: 1. No abnormality note.

DATE: -93	Hat in back of B+ Heel = cout in cla	2
M1:	at school in wors	_
BP: PULSE:	Small has to Heel are across tenders	

The pt. whose last tetanus shot is not known was at school today when she was hit in the back of the right heel by a shop cart suffering a superficial laceration about 1½ cm. in length horizontally over the back of the right heel. There is some associated contusion. Does not affect the achilles tendon and the has good ROM of the foot. Excellent pulses and intact sensation. The area has been scrubbed with betadine. Appears to be clean. Is covered with neosporin and bandaid which may be changed on a daily basis.

She is given a note stating she may return to school She is not in Phy. Ed. She is given. A Td adult in sheet on a superficion. I suggested wearing socks but no shoes and sandles to avoid pressure over this area for the next week.

She should soak it in warm water twice a day for 15 minutes for the next 3 days. Should follow up prn if there are any signs or symptoms of infection.

DATE 94	MVA an 94- Now 'b back - (mid), meck &
HT: 60 VT: 1/2 BP-119/ 86 PULSE: 68	shoulders ache-hurt i deep breathing.
Amp' ( period started today)	

motor vehicle accident yesterday. She complains of back pain all along the spine, neck pain, whip lash, sprain to the left arm and right shoulder. She denies any fever, chills, anorexia, GI symptoms, significant bruising or lacerations. She denied any loss of consciousness.

PE: HEENT: TM's clear. Throat clear. PERLA. EOM's intact. Neck supple. No cervical adenopathy. Thyroid not enlarged. Lungs were clear. The heart had a regular rhythm. No murmurs or gallups. No rebound or guarding. There is no pain to percussion over the lumbosacral spine. She had full range of motion of the cervical spine and all extremities.

IMPRESSION: No pathology identified. Generalized muscle strain from previous MVA.

PLAN: Reassurance. Equagesic one tid for two to three days. Heat to painful areas and return Monday if there is no improvement for further diagnostic studies.

# Appendix N:

NASS CDS OCCUPANT ASSESSMENT FORM:
VEHICLE #2 PASSENGER



# OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM

U.S. Department of Transportation

el Highway Traffic Safety

1. Primary Sampling Unit Number 2. Case Number - Stratum 3. Vehicle Number 4. Occupant Number 2. A. Occupant Number 3. Vehicle Number 4. Occupant Number 5. Cocupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month):  2. Totate Lu (37) 37 years and older (99) Unknown  6. Occupant's Sex (11) Male (21) Female (31) Unknown  7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown  5. Tinches X 2.54 =	Aministration	CRASHWORTHINESS DATA SYSTEM
2. Case Number - Stratum	1. Primary Sampling Unit Number / O	
3. Vehicle Number  4. Occupant Number  OCCUPANT'S CHARACTERISTICS  5. Occupant's Age Code actual age at time of accident. (I) Less than one year old (specify by month): Intervel (I) I Middle (I2) Middle (I3) Right side (I2) Middle (I3) Right side (I3) Left side (I3) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Third Seat (II) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Third Seat (I3) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Third Seat (I3) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Third Seat (I3) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Fourth Seat (I4) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Fourth Seat (I4) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Fourth Seat (I4) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Fourth Seat (I4) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Fourth Seat (I4) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Fourth Seat (I4) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Fourth Seat (I4) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Fourth Seat (I4) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Fourth Seat (I1) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Fourth Seat (I1) Left side (I2) Middle (I2) Middle (I3) Right side (I4) Other (specify): (I5) On or in the lap of another occupant  Fourth Seat (I4) Left side (I4) Other (specify): (I5) On or in the lap of another occupant  Fourth Seat (I1) Left side (I2) Middle (I3) Right side (I4) Other (specify): (I5) On or in the lap of another occupant  Fourth Seat (I1) Left side (I2) Middle (I3) Righ	2. Case Number - Stratum 9416	
4. Occupant Number  OCCUPANT'S CHARACTERISTICS  5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (Ispecify by month):  Intervew (97) 97 years and older (99) Unknown  6. Occupant's Sex (1) Male (2) Female (9) Unknown  7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown  57 inches x 2.54 = // Scentimeters  6. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown  6. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown  9. Occupant's Role (1) Driver (2) Passenger (9) Unknown  6. Occupant's Role (1) Driver (2) Passenger (9) Unknown  11. Occupant's Posture (0) Normal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kingeling, standing or stiting in front of seat (4) Stiting sideways or turned to talk with another occupant or to look out a rear window (5) Stiting on a console (1) Unknown (1) Braching side (14) Other (specify): (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant (24) Other (specify): (25) On or in the lap of another occupant (24) Other (specify): (25) On or in the lap of another occupant (24) Other (specify): (25) On or in the lap of another occupant (24) Other (specify): (25) On or in the lap of another occupant (26) On or in the lap of another occupant (27) Interventing the lap of another occupant (28) Right side (29) Unknown (29) Unknown (29) Unknown (29) Unknown (30) Right side (24) Other (specify): (25) On or in the lap of another occupant (20) On or in the lap of another occupant (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant (29) Unknown (30) Right side (31) Left side (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant (41) Unknown (41) Left side (42) Middle (33) Right side (34) Other (specify):		(11) Left side
OCCUPANT'S CHARACTERISTICS  5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month):  The Cur'cu (17) 97 years and older (19) Unknown  6. Occupant's Sex (1) Male (12) Female (13) Unknown  7. Occupant's Height Code actual height to the nearest centimeter. (1999) Unknown  5. Occupant's Weight Code actual weight to the nearest kilogram. (1999) Unknown  6. Occupant's Weight Code actual weight to the nearest (1999) Unknown  6. Occupant's Role (1) Finches X 2.54 = 1		
Second Seet   Code actual age at time of accident. (00) Less than one year old (specify by month):		(14) Other (specify):
Code actual age at time of accident.  (OD Less than one year old (specify by month):  Intervew  (97) 97 years and older  (99) Unknown  6. Occupant's Sex  (1) Male (2) Female (9) Unknown  7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown  57 inches x 2.54 = Inches x 2.54	OCCUPANT'S CHARACTERISTICS	(15) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown  7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown  57 inches X 2.54 = 145 centimeters  8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown  9. Occupant's Role (1) Driver (1) Driver (2) Passenger (9) Unknown  (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant  Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown  11. Occupant's Posture (0) Normal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):	Code actual age at time of accident.  (00) Less than one year old (specify by month):	(21) Left side (22) Middle (23) Right side (24) Other (specify):
(1) Male (2) Female (9) Unknown  7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown  57 inches X 2.54 = 145 centimeters  8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown  90 pounde X .4536 = 41 kilograms  9. Occupant's Role (1) Driver (2) Passenger (9) Unknown  (33) Right side (34) Other (specify): (35) On or in the lap of another occupant  (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant  (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown  11. Occupant's Posture (0) Normal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):	,	(31) Left side
(2) Female (9) Unknown  (34) Other (specify): (35) On or in the lap of another occupant  Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant  Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant  (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown  8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown  90 pounds x .4536 = 4 kilograms  11. Occupant's Posture (1) Normal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):	· ·	
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown  57 inches X 2.54 = 145 centimeters  8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown  90 pounds X .4536 = 41 kilograms  11. Occupant's Posture (0) Normal posture  Abnormal posture  Abnormal posture  Abnormal posture  11. Neeling or standing on seat (2) Lying or or across seat (3) Kitneging, standing or sitting in front of seat (4) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown  11. Occupant's Posture (0) Normal posture (1) Kneeling or standing on seat (2) Lying or or across seat (3) Kneeling, standing or sitting in front of seat (4) Stiting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):	(2) Female	
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown  57 inches × 2.54 = // Sentimeters  8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown  999)Unknown  999)Unknown  90 pounds × .4536 = 4// kilograms  90 Occupant's Role (1) Driver (2) Passenger (9) Unknown  (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown  11. Occupant's Posture (0) Normal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):	(9) Unknown	(35) On or in the iap of another occupant
Code actual height to the nearest centimeter.  (999) Unknown  57 inches X 2.54 = / 4 Scentimeters  (97) In or on unenclosed area (98) Other seat (specify): (999) Unknown  8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown  990 pounds X .4536 = 4 kilograms  11. Occupant's Posture (0) Normal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting on a console (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):	7 A 4 4 6	(41) Left side
centimeter. (999) Unknown  57 inches X 2.54 = /45 centimeters  (99) Unknown  8. Occupant's Weight Code actual weight to the nearest kilogram. (999) Unknown  999) Unknown  11. Occupant's Posture (0) Normal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):		(43) Right side
String on the seat (specify):		(44) Other (specify):
Code actual weight to the nearest kilogram.  (999)Unknown  9. Occupant's Role (1) Driver (2) Passenger (9) Unknown  11. Occupant's Posture (0) Normal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):		(97) in or on unenclosed area (98) Other seat (specify):
Code actual weight to the nearest kilogram.  (999)Unknown  9. Occupant's Role  (1) Driver  (2) Passenger  (9) Unknown  11. Occupant's Posture  (0) Normal posture  (1) Kneeling or standing on seat  (2) Lying on or across seat  (3) Kneeling, standing or sitting in front of seat  (4) Sitting sideways or turned to talk with another occupant or to look out a rear window  (5) Sitting on a console  (6) Lying back in a reclined seat position  (7) Bracing with feet or hands on a surface in front of seat  (8) Other abnormal posture (specify):	8 Occupant's Weight 0 4 1	
9. Occupant's Role (1) Driver (2) Passenger (9) Unknown (1) Unknown (1) Driver (2) Passenger (3) Kneeling or standing on seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):	Code actual weight to the nearest kilogram.	
(1) Driver (2) Passenger (9) Unknown (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):		<ul> <li>(1) Kneeling or standing on seat</li> <li>(2) Lying on or across seat</li> <li>(3) Kneeling, standing or sitting in front of seat</li> <li>(4) Sitting sideways or turned to talk with another</li> </ul>
	(1) Driver (2) Passenger	<ul> <li>(5) Sitting on a console</li> <li>(6) Lying back in a reclined seat position</li> <li>(7) Bracing with feet or hands on a surface in front of seat</li> </ul>
	X	
		·

EJEC'	TION/E	NTRAPMENT
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) O (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	_0	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):  (5) Integral structure (8) Other medium (specify):  (9) Unknown	<u>O</u>	

RESTRAINT SYSTEM	M EVALUATION
17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown  Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag  Non-functional (2) Air bag disconnected (specify):  (3) Air bag not reinstalled (9) Unknown
(8) Other belt (specify):  (9) Unknown  18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify):  (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify):	22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown
(14) Lap and shoulder belt used with child safety seat — type unknown (18) Other belt used with child safety seat — (specify): (99) Unknown if belt used  19. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat  Relt Used Improperly	23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown  Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts  24. Police Reported Restraint Use
(4) Shoulder belt worm behind back or seat (5) Belt worm around more than one person (6) Lap belt worm on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown  20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify):	(0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify):  (8) Restrained, type unknown (9) Police indicated "unknown"

Naux.	HEAD RESTRAINT AN	ID SEAT EVALUATION
	Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): (9) Unknown  Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify):  (7) Combination of above (specify): (8) Other (specify): (9) Unknown
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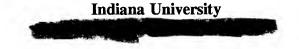
	C	HILD SAF	FETY SEAT
28.	Child Safety Seat Make/Model (000) No child safety seat	00	31. Child Safety Seat Harness Usage
	Applicable codes are found in your NASS Data Collection, Coding and Editing (950) Built-in child safety seat	CDS	32. Child Safety Seat Shield UsageO
	(997) Other make/model (specify):	_	33. Child Safety Seat Tether Usage
	(999) Unknown if child safety seat used		Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat
29.	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify)	- <del>D</del>	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used
	(8) Unknown child safety seat type (9) Unknown if child safety seat used		Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used
30.	Child Safety Seat Orientation (00) No child safety seat  Designed for Rear Facing for This Age/W	O O	Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used
	<ul><li>(01) Rear facing</li><li>(02) Forward facing</li><li>(08) Other orientation (specify):</li></ul>		(29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used
	(09) Unknown orientation		
	Designed For Forward Facing for This Ag (11) Rear facing (12) Forward facing (18) Other orientation (specify):	ge/Weight	
	(19) Unknown orientation		
	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify):		·
	(29) Unknown orientation		
	(99) Unknown if child safety seat used		

	INJURY CONSEQUENCES	38. Working Days Lost
34.	Injury Severity (Police Rating)	Code the number of days (up through 60) that the occupant
	<ul> <li>(0) O - No injury</li> <li>(1) C - Possible injury</li> <li>(2) B - Nonincapacitating injury</li> <li>(3) A - Incapacitating injury</li> <li>(4) K - Killed</li> <li>(5) U - Injury, severity unknown</li> <li>(6) Died prior to accident</li> </ul>	lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown
35.	(9) Unknown  Treatment - Mortality	STOP - GO TO VARIABLE 44 ON PAGE 7 VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER
	(0) No treatment (1) Fatal (2) Fatal - ruled disease (specify):	39. Time to Death Ocode number of hours from time of
	Nonfatal (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify):  (9) Unknown	accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 +n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown
36.	Type Of Medical Facility (for Initial Treatment)  (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify):  (9) Unknown	41. 2nd Medically Reported Cause of Death  42. 3rd Medically Reported Cause of Death  Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  (00) Not fatal or no additional causes  (96) Mode of death given but specific injuries are not linked to cause
37.	Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown	of death. (specify):  (97) Other result (includes fatal ruled disease) (specify):  (99) Unknown
		43. Number of Recorded Injuries for This Occupant  Code the actual number of injuries recorded for this occupant.  (00) No recorded injuries  (97) Injured, details unknown  (99) Unknown if injured

	AUTOMATIC BELT SYSTEM		48.	Automatic (Passive) Belt Failure Modes			
44.	Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown	2		During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):			
	Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown			(6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown			
45.	Automatic (Passive) Belt System Use	0					
	<ul> <li>(0) Not equipped/not available/destroyed or rendered inoperative</li> <li>(1) Automatic belt in use</li> <li>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):</li> <li>(3) Automatic belt use unknown</li> <li>(9) Unknown</li> </ul>	,	49.	Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify):			
	(e) Chillie	_		(9) Unknown			
46.	Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown	<u>)</u>					
				Check the Primary Source Used In Determining Belt Use.			
47.	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat  Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown	0		[ ] Not equipped/not available/destroyed of rendered inoperative [ Vehicle inspection [ ] Official injury data [ ] Driver/occupant interview [ ] Other (specify): [ ] Unknown if belt used			
ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED NO [ ] YES [ ) WITH INITIAL SUBMISSION?							
UPDATE CANDIDATE? NO [/ YES [ ]							

THE STATE OF THE S			BELT USE DETERMINATION	
STOP: VARIABLES 50 THROUGH 50 ARE COMPLETED BY THE ZONE CENTER TRAUMA DATA	53.	Prim (0) (1) (2)	or rendered inoperative Vehicle inspection	1
50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured		(3) (8) (9)	Driver/occupant interview Other (specify):	
51. Was the Occupant Given Blood?  (1) No - blood not given  (2) Yes - blood given  (specify units):  (9) Unknown if blood given				
52. Arterial Blood Gases (ABG) - HCO <sub>3</sub> (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO <sub>3</sub> (96) ABGs reported, HCO <sub>3</sub> unknown (97) Injured, details unknown (99) Unknown if injured				
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			. <b>\</b>	

### TRANSPORTATION RESEARCH CENTER



# ON-SITE AIR BAG FIRE INVESTIGATION

# SELECTED PHOTOGRAPHS

CASE NO. - 94-16
FLEET - PRIVATE VEHICLE
LOCATION - Wisconsin
ACCIDENT DATE - 1994

A total of seventy-eight color copies of photographs are presented and referenced as Photograph #01 through Photograph #78. All of these photographs were taken by the Transportation Research Center.

1994

Contract Number:

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590



# 01 -- 1995 Plymouth Neon's southward downhill travel path approximately 65 meters north of intersection



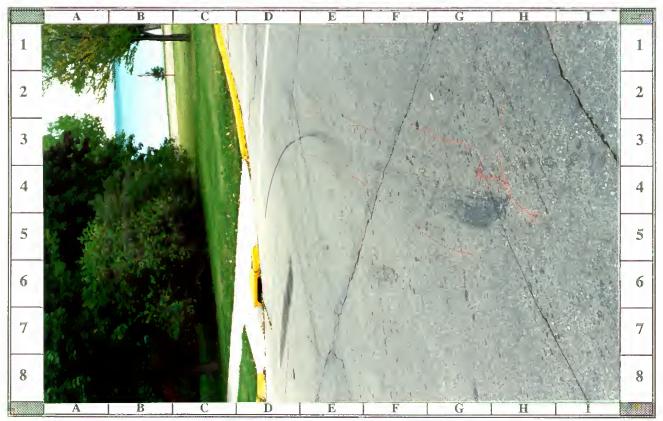
# 02 -- 1995 Plymouth Neon's southward downhill travel path approximately 25 meters north of intersection



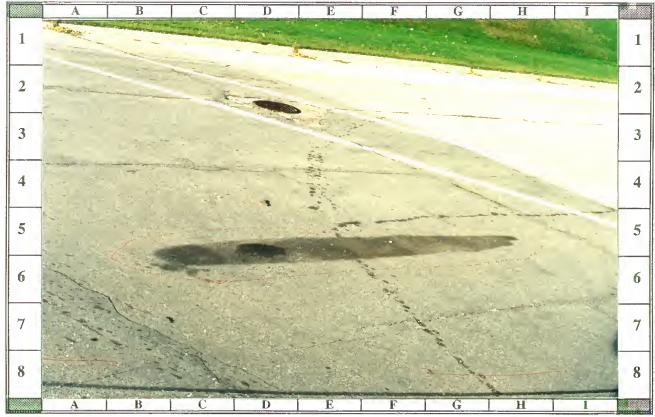
# 03 -- 1995 Plymouth Neon's southward downhill travel path just prior to intersection; NOTE: south leg angles south-southeast



# 04 - 1995 Plymouth Neon's south-southeastward downhill travel path ~ five meters north of initial impact with 1986 Dodge Omni



# 05 -- 1995 Plymouth Neon's southeastward, post-impact, travel path to spill (cells D6--D7) at final rest; NOTE: Omni's RF scuff



# 06 -- Close-up of 1995 Plymouth Neon's radiator spill at area of final rest--looking northeast



# 07 -- Northward view of 1995 Plymouth Neon's southward path of travel from area of impact; NOTE: approach slope is approximately 4.7%



# 08 -- 1986 Dodge Omni's eastward downhill travel path approximately 65 meters west of intersection



# 09 -- 1986 Dodge Omni's eastward downhill travel path approximately 25 meters west of intersection



# 10 -- 1986 Dodge Omni's eastward downhill travel path approximately 5 meters west of intersection



# 11 -- 1986 Dodge Omni's right front deflection/scuff mark post-impact looking east-southeast; NOTE: 1995 Neon's spill (cells D4--E4)



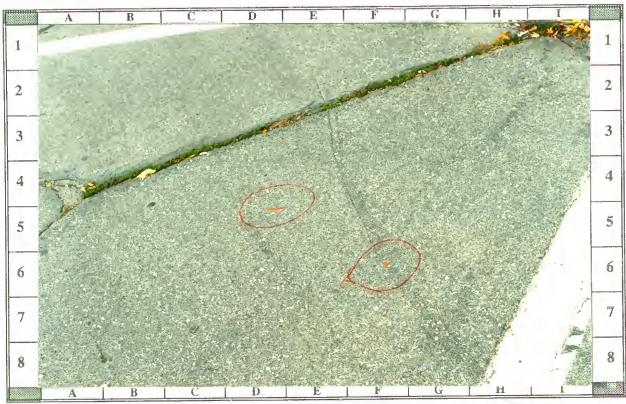
# 12 — Close-up of 1986 Dodge Omni's right front deflection point & SE post-impact travel path; NOTE: 1995 Neon's spill (cells B3-D3)



# 13 -- Close-up of 1986 Dodge Omni's right front scuff mark & southeast post-impact travel path; NOTE: 1995 Neon's spill (cells B2--C3)



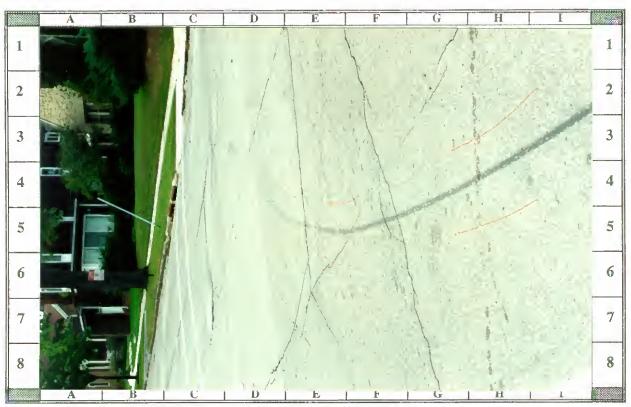
# 14 -- Close-up of end of 1986 Dodge Omni's right front scuff mark near final rest-looking east-southeast



# 15 -- Close-up of amber turn signal debris most likely from 1995 Plymouth Neon--looking north-northeast; NOTE: spurious tire marks



# 16 -- Westward view of 1986 Dodge Omni's eastward path of travel from area of final rest; NOTE: approach slope is approximately 9.0%



# 17 -- West-northwest view of 1986 Dodge Omni's right front scuff mark & southeast path from point of deflection (cell D3) toward rest



# 18 -- 1995 Plymouth Neon's frontal damage with contour guage present; viewed from front



# 19 -- Close-up of direct damage to '95 Plymouth Neon's front bumper, hood, and right headlight assembly



# 20 -- Closer-up of end of direct damage to 1995 Plymouth Neon's front bumper; NOTE: induced damage to left headlight assembly



# 21 -- 1995 Plymouth Neon's frontal damage with contour guage present; viewed from front left



# 22 - Overhead view of '95 Plymouth Neon's frontal damage with contour guage present; viewed from front



# 23 -- 1995 Plymouth Neon's frontal damage with contour guage present; viewed across front from left; NOTE: induced damage to hood



# 24 -- 1995 Plymouth Neon's left side viewed along left side from front; NOTE: induced damage to left headlight assembly



# 25 -- 1995 Plymouth Neon's undamaged left side and rear viewed from left rear



# 26 -- 1995 Plymouth Neon's undamaged rear & damaged right side viewed from rear right



# 27 -- 1995 Plymouth Neon's right side showing sideslap damage to right front fender, door, and outside rearview mirror



# 28 -- Close-up of sideslap damage to 1995 Plymouth Neon's right front door viewed from right rear



# 29 -- Close-up of sideslap damage to 1995 Plymouth Neon's right front door and rearview mirror (cells B1--C1) viewed from right front



# 30 -- Closer-up of sideslap damage to 1995 Plymouth Neon's right outside rearview mirror viewed from right



# 31 - 1995 Plymouth Neon's frontal damage with contour guage present; viewed across front from right; NOTE: snag at RF bumper corner



# 32 -- 1995 Plymouth Neon's right side viewed along right side from front; NOTE: damage to right headlight assembly and bumper snag



# 33 - Close-up of 1995 Plymouth Neon's damaged front right corner area viewed from front right; NOTE: maximum crush at bumper snag



# 34 -- 1995 Plymouth Neon's left front interior door surface and driver seating area with deployed air bags; NOTE: burn to RF air bag



# 35 -- 1995 Plymouth Neon's left dash, lower steering wheel rim, toe pan, and steering column; NOTE: no evidence of driver contact



# 36 -- 1995 Plymouth Neon's driver side air bag, left A-pillar, forward L door surface, & center dash; NOTE: no contact evidence



# 37 -- 1995 Plymouth Neon's lower steering wheel, mid & R dash, windshield, & rearview mirror; NOTE: no contacts & radio removed



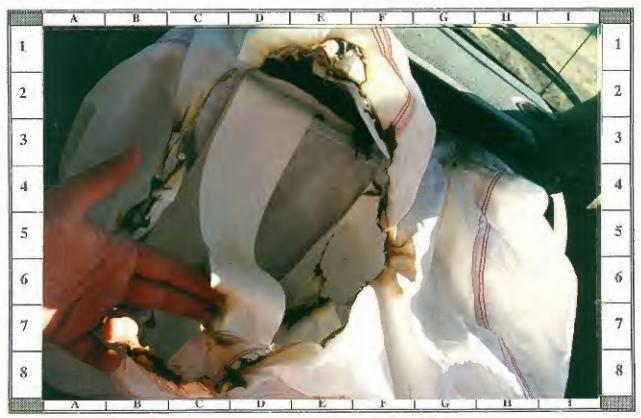
# 38 -- 1995 Plymouth Neon's middle and right dash and right toepan area viewed from right front door; NOTE: no contact evidence/radio



# 39 -- 1995 Plymouth Neon's right front passenger air bag showing large burn hole in air bag



# 40 -- Close-up of 1995 Plymouth Neon's burned right front passenger air bag; NOTE: hole diameter is approximately 33 cm (13.0 in)



# 41 -- Close-up of burn mark on 1995 Plymouth Neon's right front passenger air bag tether; NOTE: burn marks around hole's periphery



# 42 -- Close-up of 1995 Plymouth Neon's right front passenger air bag inflator assembly; NOTE: melted bag material around inflator



# 43 - Close-up of 1995 Plymouth Neon's RF passenger air bag inflator assembly; NOTE: singed paper-like material next to inflator



# 44 — Close-up of 1995 Plymouth Neon's right front passenger air bag Reaction Can taken from underneath right front dash



# 45 — Close-up of singed paper-like material found inside '95 Plymouth Neon's RF passenger air bag; see photo #43 above-cells B3-D5



# 46 -- Closer-up of singed paper-like material found inside 1995 Plymouth Neon's right front passenger air bag; NOTE: bluish tinge



# 47 -- Close-up of warning label attached to melted material found inside 1995 Plymouth Neon's RF air bag; see photo #42 cells F5--G5



# 48 -- Closer-up view of left-half of warning label attached to melted material found inside 1995 Plymouth Neon's right front air bag



# 49 -- Closer-up view of right-half of warning label attached to melted material found inside 1995 Plymouth Neon's right front air bag



# 50 - 1995 Plymouth Neon's right front interior door surface & driver seating area with deployed air bags; NOTE: burn to RF air bag



# 51 -- Undamaged deployed right front passenger air bag found in an exemplar 1995 Plymouth Neon which was located in same salvage yard



# 52 - Interior view of 1995 Plymouth Neon's front seatbacks and active three-point restraints for driver and right front passenger



# 53 -- Interior view of 1995 Plymouth Neon's rear seatbacks and active three-point restraints for rear outboard passengers



# 54 -- 1986 Dodge Omni's undamaged front viewed from front; NOTE: engine, hood, and both front wheels have been removed



# 55 -- 1986 Dodge Omni's left front direct damage with contour guage present viewed from left front; NOTE: engine removed



# 56 -- 1986 Dodge Omni's left front direct damage with contour guage present viewed from left; NOTE: front tires removed



# 57 -- Close-up of 1986 Dodge Omni's left front damage at area of maximum crush (red clamp); NOTE: wheels gone and snagging near door



# 58 -- 1986 Dodge Omni's left front damage with contour guage present viewed from left rear; NOTE: outside rearview mirror is intact



# 59 - 1986 Dodge Omni's sideslap damage to left rear door and quarter panel viewed from left front



# 60 - 1986 Dodge Omni's sideslap damage to left rear door and quarter panel viewed from left rear



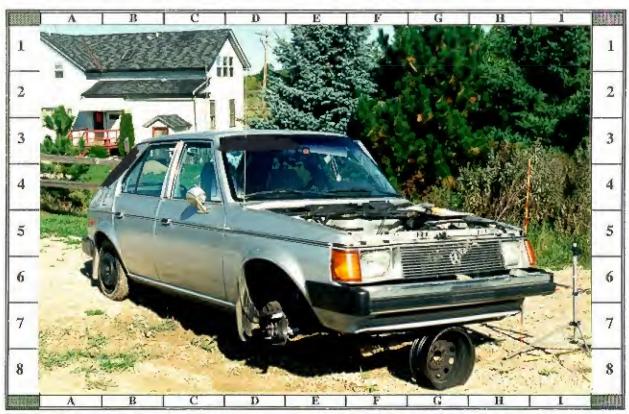
# 61 -- Close-up of 1986 Dodge Omni's sideslap damage viewed from left rear; NOTE: scuff (cells F2--G2) from Neon's R rearview mirror



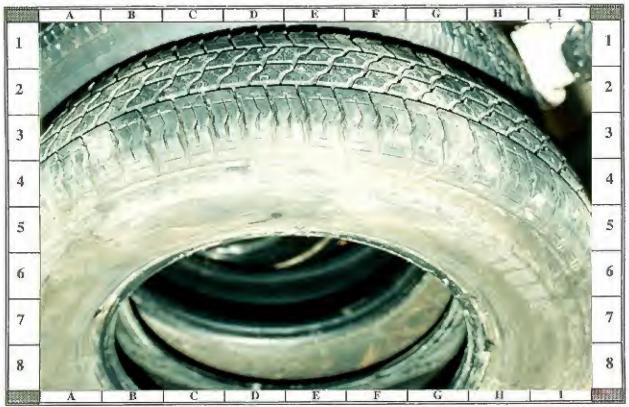
# 62 -- 1986 Dodge Omni's damaged left side & undamaged rear viewed from rear left; NOTE: rear tires replaced with temporary spare tires



# 63 - 1986 Dodge Omni's undamaged rear viewed from rear



# 64 -- 1986 Dodge Omni's undamaged front and right side viewed from front right; NOTE: RF tire, hood, & engine have been removed



# 65 -- Close-up of 1986 Dodge Omni's removed right front tire showing post-impact scuffing marks resulting from impact with 1995 Neon



# 66 -- 1986 Dodge Omni's left front interior door surface and driver seating area; NOTE: no evidence of driver contact



# 67 -- Close-up of 1986 Dodge Omni's driver steering assembly, left dash, & toepan area; NOTE: induced dash damage from intrusion



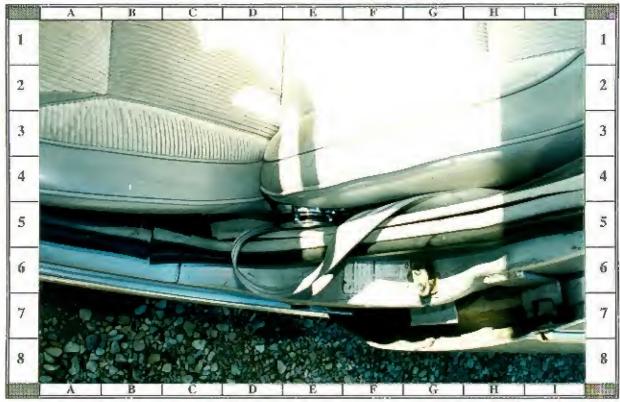
# 68 -- Overhead view of 1986 Dodge Omni's left door sill and dash deformed by intrusion-viewed from left front door area



# 69 -- Close-up of 1986 Dodge Omni's left kickpanel & door sill damaged by intrusion--viewed from right front seating area



# 70 -- Close-up of 1986 Dodge Omni's intrusion damage to left A-pillar; NOTE: stress fracture to L windshield & no contact evidence



# 71 -- Overhead view of 1986 Dodge Omni's intrusion to left front door sill & movement of driver's seat; NOTE: seat adjuster (cell E5)



# 72 -- Overhead comparison view of 1986 Dodge Omni's right front door sill & seat adjuster (cells F3--G4) viewed from right front door



# 73 -- 1986 Dodge Omni's steering wheel, left interior door surface, and dash viewed from rear center; NOTE: no contact evidence



# 74 -- 1986 Dodge Omni's undeformed steering wheel viewed from right front seating area



# 75 - 1986 Dodge Omni's undamaged center and right dash, toepan, and windshield, and lower right A-pillar viewed from rear center



# 76 -- 1986 Dodge Omni's undamaged dash & steering assembly viewed from right front door; NOTE: radio has been removed



# 77 -- 1986 Dodge Omni's front seatbacks viewed from right rear door area; NOTE: rear seat back was folded down



# 78 -- 1986 Dodge Omni's rear active restraints underneath folded down rear seatback